

CITY OF PIETERMARITZBURG

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF
HEALTH

For the Twelve Months
1st JULY, 1944, to 30th JUNE, 1945.

CITY OF PIETERMARITZBURG

PUBLIC HEALTH DEPARTMENT



REPORT OF THE MEDICAL OFFICER OF
HEALTH ON THE PUBLIC HEALTH &
SANITARY CIRCUMSTANCES OF THE CITY
OF PIETERMARITZBURG FOR THE YEAR
ENDED JUNE 30th, 1945.

BY

M. MAISTER, B.A., M.P., Ch.B., D.P.H.

MEDICAL OFFICER OF HEALTH.



INTRODUCTORY.CITY OF PIETERMARITZBURG.PUBLIC HEALTH DEPARTMENT.

To

Madam Mayor
and Members of the Council of the
City of Pietermaritzburg.

Madam and Gentlemen,

I have the honour to present the Annual Report on the Health and Sanitary Circumstances of the City of Pietermaritzburg, for the year ending 30th June, 1945.

The period under review must be regarded as one of the blackest, from the point of Infectious Diseases, experienced in Pietermaritzburg for many years. There were sharp epidemic outbreaks of Smallpox and Anterior Poliomyelitis (Infantile Paralysis), part of the larger epidemics of these diseases occurring throughout the Union. Notifications of Tuberculosis were almost double those of the previous year.

Despite this the Death Rates improved slightly for all races except Natives. The Birth Rates improved slightly for all races except Europeans.

A big forward step has been accomplished in respect of Housing, by Council's decision to proceed with the construction of a total of 164 houses.

I wish to express my thanks to all members of the Staff for the manner in which they responded to the demands of the emergency caused by the Smallpox epidemic, and for the high level of efficiency maintained in the Department throughout the year.

In conclusion I wish to record my appreciation of the support readily given to me at all times by the Mayor and the Chairman and members of the Public Health Committee, and of the cordial co-operation of the various Municipal Heads of Departments.

I have the honour to be,

Madam and Gentlemen,

Your obedient servant,

M. MAISTER.

MEDICAL OFFICER OF HEALTH.

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CLIMATE AND RATEABLE VALUE.

Latitude - 29 degrees, 36 minutes, 4 seconds south.
Longitude - 30 degrees, 22 minutes, 46 seconds east.
Altitude - At Market Square : 2160 feet.

TEMPERATURE AND RAINFALL :

	RAINFALL IN INCHES.	ATMOSPHERIC TEMPERATURE			RELATIVE HUMIDITY Aver. Daily Percentage.
		Av. Daily Maximum. °	Av. Daily Minimum. °	Av. Daily Mean. °	
1944.					
July	0.00	71.7	39.0	55.3	80.8%
August	0.24	77.8	48.0	62.9	75.5%
September	5.97	73.3	51.7	62.5	77.5%
October	2.42	77.8	59.0	68.4	79.1%
November	3.57	76.6	61.5	69.0	83.3%
December	1.50	83.2	59.8	71.5	59.1%
1945.					
January	5.17	79.3	61.6	70.4	73.8%
February	5.74	82.7	65.0	73.8	74.8%
March	10.98	76.3	60.5	68.4	81.4%
April	0.32	77.2	58.8	68.0	85.5%
May	1.06	73.3	41.2	57.2	81.3%
June	0.00	69.9	33.2	51.5	71.1%
Total :	36.97				

AREA OF MUNICIPALITY : 31,154 acres.

Value of Rateable Property : £11,068,065. 0.0d.

Exempted Property : £4,565,385. 0.0d.

RATES : General - 3 $\frac{1}{8}$ d.

Water - 1 $\frac{1}{2}$ d.

CITY OF PIETERMARITZBURG.

LEADING VITAL STATISTICS.

YEAR ENDING 30th JUNE, 1945.

	European	Native	Coloured	Asiatic
* POPULATION (Estimated)	20,825	7,783	1,491	9,480
BIRTHS REGISTERED.	526	262	116	581
BIRTH RATE (per 1000 Population)	25.3	33.7	77.8	61.3
ILLEGITIMATE BIRTHS.	14	141	27	12
(Percentage of total births.)	2.7%	53.8%	23.3%	2.1%
DEATHS.	231	185	44	138
CRUDE DEATH RATE (Corrected for outward transfers.)	11.10	23.77	29.52	14.56
INFANTILE MORTALITY.	18	55	10	27
DEATHS.				
RATE (per 1000 Births)	34.2	210.0	86.2	46.5
PULMONARY TUBERCULOSIS.				
Code No. 015. DEATHS.	3	14	4	11
RATE per 1000 Population.	0.14	1.80	2.68	1.16
TUBERCULOSIS - OTHER FORMS.				
Code Nos. 016-025. DEATHS.	0	3	2	5
RATE (per 1000 Population.)	0	0.39	1.34	0.53
ENTERIC FEVER.				
Code No. 001. DEATHS.	1	5	1	4
RATE (per 1000 Population)	0.05	0.64	0.67	0.42
CANCER AND OTHER TUMOURS.				
Code Nos. 100-136. DEATHS.	26	2	2	7
RATE (per 1000 Population)	1.25	0.26	1.34	0.74
DISEASES OF THE HEART AND CIRCULATORY SYSTEM.				
Code Nos. 350-368. DEATHS.	65	9	10	19
RATE (per 1000 Population.)	3.12	1.16	6.71	2.00
BRONCHITIS AND PNEUMONIA.				
Code Nos. 402-406. DEATHS.	20	33	5	11
RATE (per 1000 Population.)	0.96	4.24	3.36	1.16

* (Temporary Visitors and the Inmates of Gaols and Hospitals
are not included)

BIRTHS AND DEATHS ARE CORRECTED FOR OUTWARD TRANSFERS ONLY.

(1) VITAL STATISTICS.

POPULATION:

This is an estimate of the population as at June 30th, 1945, calculated for Vital Statistical purposes. Temporary Visitors, the inmates of the Mental Hospital and Fort Napier Mental Institution, the prisoners in the Gaols and the patients in the Hospitals and the Sanatorium are excluded.

	European	Native	Coloured	Asiatic	All Non-Eur.	All Races
Male	9,795	4,111	656	4,763	9,530	19,325
Female	11,030	3,672	835	4,117	9,224	20,254
PERSONS	20,825	7,783	1,491	9,480	18,754	39,579

B I R T H S.

TOTAL BIRTHS REGISTERED

(1) RESIDENTS.

	<u>Male</u>		<u>Female</u>		<u>Persons</u>		<u>Total</u>	<u>Percentage of illeg. to all births</u>	<u>Birth rate per 1000 population</u>
	<u>Leg.</u>	<u>Illeg.</u>	<u>Leg.</u>	<u>Illeg.</u>	<u>Leg.</u>	<u>Illeg.</u>			
European	255	9	257	5	512	14	526	2.7%	25.26
Native	58	82	63	59	121	141	262	53.8%	33.67
Coloured	51	13	38	14	89	27	116	23.3%	77.80
Asiatic	292	9	277	3	569	12	581	2.1%	61.29
All Non-Europ.	401	104	378	76	779	180	959	18.8%	51.15
All Races	656	113	635	81	1,291	194	1,485	13.1%	37.52

(2) NON-RESIDENTS.

	<u>Male</u>		<u>Female</u>		<u>Persons</u>		<u>Total</u>	<u>Percentage of illeg. to all Births.</u>
	<u>Leg.</u>	<u>Illeg.</u>	<u>Leg.</u>	<u>Illeg.</u>	<u>Leg.</u>	<u>Illeg.</u>		
European	136	2	137	1	273	3	276	1.1%
Native	384	210	388	211	772	421	1,193	35.3%
Coloured	14	5	8	1	22	6	28	21.5%
Asiatic	25	1	21	1	46	2	48	4.2%
All Non-Eur.	423	216	417	213	840	429	1,269	33.8%
All Races	559	218	554	214	1,113	432	1,545	28%

The European Birth Rate dropped a little, from 26.3 to 25.3, but all other rates showed an increase.

The Native Birth Rate increased from 33.6 to 33.7. The Coloured Birth Rate rose from 67.8 to 77.8 and the Indian Birth Rate increased from 56.3 to 61.3.

/ DEATHS

DEATHS

TOTAL DEATHS REGISTERED

(1) RESIDENTS.

	M a l e		F e m a l e		P E R S O N S	
	Deaths	Rate per 1000 Male Population	Deaths	Rate per 1000 Female Population	Deaths	Death Rate
European	117	11.95	114	10.34	231	11.10
Native	109	26.52	76	20.70	185	23.77
Coloured	21	32.01	23	27.54	44	29.52
Asiatic	83	17.43	55	11.66	138	14.56
All Non-Europ.	213	22.35	154	16.70	367	19.58
All Races	330	17.08	268	13.24	598	15.11

(2) NON-RESIDENTS.

European	:	159
Native	:	894
Coloured	:	21
Asiatic	:	61
All Non-Eur.	:	976
All Races	:	1,135

DEATHS. (Pages 5 - 7)

The European crude death rate dropped slightly from 11.35 to 11.10. 52% of the deaths occurred in people over 65 years of age.

The Native death rate rose from 18.53 to 23.77. The Coloured death rate dropped from 31.94 to 29.52, while the Indian death rate dropped from 15.95 to 14.56. The death rate for all races was 15.11 as compared with 14.69 for last year.

The following figures indicate the percentage of deaths occurring below the age of 45 in the various races :-

European	:	26%
Native	:	80%
Coloured	:	59%
Asiatic	:	59%
All Non-European	:	70%

These figures once again show how much better the expectation of life is for Europeans than for the other classes of the community. The table on page 7 also indicates how that the diseases generally associated with later life, e.g. Cancer, Cerebral Haemorrhage and Cardiac disease, are a much commoner cause of death among Europeans than among Non-Europeans, whilst bowel infections, tuberculosis, violence, and diseases of early infancy, are much more frequently the cause of death amongst Non-Europeans.

DEATH RATES (PER 1000 POPULATION) : VARIOUS CAUSES
ABRIDGED LIST. (5th Decennial Revision)

RESIDENTS ONLY.

	European		Native		Coloured		Asiatic		All Non-Europeans		All Races	
1. Typhoid	1	0.05	5	0.64	1	0.67	4	0.42	10	0.53	11	0.28
2. Plague	-	-	-	-	-	-	-	-	-	-	-	-
3. Meningococcal C.S. Meningitis	-	-	-	-	-	-	-	-	-	-	-	-
4. Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	2	0.26	-	-	-	-	2	0.11	2	0.05
6. Diphtheria	3	0.14	-	-	-	-	-	-	-	-	3	0.08
7. Pulm. T.	3	0.14	14	1.80	4	2.68	11	1.16	29	1.55	32	0.81
8. T.B. Non-Pulm.	-	-	3	0.39	2	1.34	5	0.53	10	0.53	10	0.25
9. Leprosy	-	-	-	-	-	-	-	-	-	-	-	-
10. Malaria	-	-	-	-	-	-	-	-	-	-	-	-
11. Syphilis	2	0.10	1	0.13	-	-	-	-	1	0.05	3	0.08
12. Influenza	1	0.05	1	0.13	-	-	2	0.21	3	0.16	4	0.10
13. Smallpox	9	0.43	6	0.77	-	-	-	-	6	0.32	15	0.38
14. Measles	-	-	1	0.13	1	0.67	-	-	2	0.11	2	0.05
15. Typhus Fever	-	-	-	-	-	-	-	-	-	-	-	-
16. Cancer	26	1.25	2	0.26	2	1.34	7	0.74	11	0.59	37	0.93
17. Diabetes	3	0.14	-	-	-	-	2	0.21	2	0.11	5	0.13
18. Cerebral Haemorrhage etc.	14	0.67	3	0.39	-	-	10	1.06	13	0.68	27	0.68
19. Cardiac Dis.	51	2.45	8	1.03	7	4.70	16	1.69	31	1.66	82	2.07
20. Oth. Dis. of Circulatory System	14	0.67	1	0.13	3	2.01	3	0.31	7	0.37	21	0.53
21. Bronchitis & Pneumonia	20	0.96	33	4.24	5	3.36	11	1.16	49	2.61	69	1.74
22. Minor's Phthisis without T.	-	-	-	-	-	-	-	-	-	-	-	-
23. Minor's Phthisis with T.	-	-	-	-	-	-	-	-	-	-	-	-
24. Oth. Respiratory diseases.	12	0.58	3	0.39	-	-	2	0.21	5	0.27	17	0.43
25. Ulcer of Stomach & duodenum	3	0.14	-	-	-	-	-	-	-	-	3	0.08
26. Diarrhoea & Enteritis. (Under 2 years)	2	0.10	40	5.14	6	4.03	15	1.58	61	3.26	63	1.59
27. Appendicitis	1	0.05	-	-	1	0.67	1	0.11	2	0.11	3	0.08
28. Dis. of Liver & Biliary passages	2	0.10	-	-	-	-	2	0.21	2	0.11	4	0.10
29. Nephritis	2	0.10	1	0.13	1	0.67	6	0.63	8	0.43	10	0.25
30. Puerperal Sepsis	-	-	1	0.13	-	-	-	-	1	0.05	1	0.03
31. Oth. Dis. of Pregnancy &c.	2	0.10	1	0.13	-	-	-	-	1	0.05	3	0.08
32. Cong. Malformations & Dis. of Early Infancy	11	0.53	20	2.57	3	2.01	11	1.16	34	1.81	45	1.14
33. Suicide	-	-	-	-	-	-	-	-	-	-	-	-
34. Other Violent deaths	8	0.38	10	1.29	2	1.34	5	0.53	17	0.91	25	0.63
35. Oth. defined causes	41	1.97	26	3.34	4	2.68	24	2.53	54	2.88	95	2.40
36. Causes ill-defined	-	-	3	0.39	2	1.34	1	0.11	6	0.32	6	0.15
Total:	231	11.10	185	23.77	44	29.52	138	14.56	367	19.58	598	15.11

SEASONAL OCCURRENCE OF DEATHS
AMONG RESIDENTS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July 1944	13	: 12	: 25	9	: 5	: 14	3	: 3	: 6	12	: 7	: 19	24	: 15	: 39
August	6	: 7	: 13	5	: 8	: 13	0	: 3	: 3	5	: 7	: 12	10	: 18	: 28
September	16	: 14	: 30	12	: 6	: 18	0	: 0	: 0	4	: 6	: 10	16	: 12	: 28
October	6	: 10	: 16	16	: 7	: 23	0	: 2	: 2	5	: 3	: 8	21	: 12	: 33
November	8	: 9	: 17	15	: 5	: 20	1	: 3	: 4	7	: 6	: 13	23	: 14	: 37
December	10	: 7	: 17	12	: 7	: 19	2	: 2	: 4	11	: 7	: 18	25	: 16	: 41
January	8	: 6	: 14	11	: 9	: 20	2	: 4	: 6	7	: 2	: 9	20	: 15	: 35
February	6	: 7	: 13	6	: 5	: 11	3	: 1	: 4	6	: 5	: 11	15	: 11	: 26
March	14	: 5	: 19	5	: 1	: 6	3	: 0	: 3	6	: 3	: 9	14	: 4	: 18
April	11	: 7	: 18	6	: 5	: 11	1	: 0	: 1	6	: 3	: 19	13	: 8	: 21
May	7	: 9	: 16	5	: 12	: 17	2	: 4	: 6	9	: 4	: 13	16	: 20	: 36
June 1945	12	: 21	: 33	7	: 6	: 13	4	: 1	: 5	5	: 2	: 7	16	: 9	: 25
Total	117	: 114	: 231	109	: 76	: 185	21	: 23	: 44	83	: 55	: 138	213	: 154	: 367

DEATHS OF RESIDENTS GIVEN IN
AGE GROUPS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 yr.	10	: 10	: 20	37	: 24	: 61	5	: 6	: 11	17	: 11	: 28	59	: 41	: 100
1 "	2	: 0	: 2	13	: 17	: 30	4	: 3	: 7	5	: 7	: 12	22	: 27	: 49
2-4 yrs.	1	: 3	: 4	5	: 6	: 11	0	: 0	: 0	4	: 6	: 10	9	: 12	: 21
5-14 "	4	: 3	: 7	3	: 1	: 4	1	: 2	: 3	3	: 4	: 7	7	: 7	: 14
15-24 "	2	: 2	: 4	11	: 7	: 18	2	: 2	: 4	4	: 7	: 11	17	: 16	: 33
25-34 "	7	: 1	: 8	5	: 7	: 12	0	: 1	: 1	6	: 3	: 9	11	: 11	: 22
35-44 "	4	: 10	: 14	7	: 5	: 12	0	: 0	: 0	2	: 2	: 4	9	: 7	: 16
45-54 "	14	: 7	: 21	16	: 5	: 21	1	: 2	: 3	2	: 7	: 9	19	: 14	: 33
55-64 "	17	: 14	: 31	7	: 2	: 9	2	: 3	: 5	22	: 3	: 25	31	: 8	: 39
65-74 "	36	: 23	: 59	5	: 2	: 7	4	: 3	: 7	11	: 2	: 13	20	: 7	: 27
75 & Over	20	: 41	: 61	0	: 0	: 0	2	: 1	: 3	7	: 3	: 10	9	: 4	: 13
Total :	117	: 114	: 231	109	: 76	: 185	21	: 23	: 44	83	: 55	: 138	213	: 154	: 367

(1) Vital Statistics Cont'd.SUMMARY OF CAUSES OF DEATH

(Classified into groups and expressed as Percentage of all deaths)

RESIDENTS ONLY.

	European	Native	Coloured	Asiatic
Acute Exanthemata	13 : 5.6%	12 : 6.5%	2 : 4.5%	4 : 2.9%
Tuberculosis (All forms)	3 : 1.3%	17 : 9.2%	6 : 13.6%	16 : 11.6%
Syphilis	2 : 0.9%	1 : 0.5%	- : -	- : -
Other Parasitic & Infectious Diseases	9 : 3.9%	10 : 5.4%	- : -	6 : 4.3%
Cancer	26 : 11.4%	2 : 1.1%	2 : 4.5%	7 : 5.1%
Cerebral Haemorrhage, Thrombosis and Embolism	14 : 6.1%	3 : 1.6%	- : -	10 : 7.2%
Cardiac Diseases and Other Diseases of Circulatory System	65 : 28.1%	9 : 4.9%	10 : 22.7%	19 : 13.8%
Respiratory Diseases (Non-Tuberculous)	32 : 13.9%	36 : 19.5%	5 : 11.4%	13 : 9.4%
Enteritis and Diarrhoea (under 2 years)	2 : 0.9%	40 : 21.6%	6 : 13.6%	15 : 10.9%
Nephritis	2 : 0.9%	1 : 0.5%	1 : 2.3%	6 : 4.3%
Congenital Malformations and diseases of early infancy	11 : 4.8%	20 : 10.8%	3 : 6.8%	11 : 8.0%
Deaths from Violence	8 : 3.5%	10 : 5.4%	2 : 4.5%	5 : 3.6%
Other Causes	: 19.3%	: 13%	: 15.9%	: 18.8%
TOTAL :	231 :	185 :	44 :	138 :

TOTAL NOTIFICATIONS OF INFECTIOUS DISEASE.RESIDENTS ONLY. (See page 62 for list of alterations of Diagnosis)

	European	Native	Coloured	Asiatic	All Non Eur.	All Races
Enteric Fever	9	20	2	14	36	45
Pulmonary Tuberculosis	13	52	5	30	87	100
Tuberculosis - Other Forms	2	6	1	8	15	17
Scarlet Fever	82	-	2	-	2	84
Diphtheria	33	26	2	6	34	67
Murine Typhus Fever	1	-	-	2	2	3
Amoebic Dysentery (from 1.1.45)	7	28	2	3	33	40
Gonococcal Ophthalmia	-	2	-	1	3	3
Erysipelas	4	-	-	-	-	4
Trachoma	-	-	-	1	1	1
Puerperal Sepsis	1	3	-	4	7	8
Anterior Poliomyelitis	17	-	-	3	3	20
Leprosy	-	5*	-	-	5	5
Smallpox	20	19	-	4	23	43
Total :	189	161	15	76	251	440

* Includes one probably Imported case.

INCIDENCE per 1,000 POPULATION.

	European	Native	Coloured	Asiatic	All Non- European	All Races
Enteric Fever	9 : 0.43	20 : 2.57	2 : 1.34	14 : 1.48	36 : 1.92	45 : 1.14
Pulm. T.B.	13 : 0.62	52 : 6.68	5 : 3.35	30 : 3.16	87 : 4.64	100 : 2.56
T.B. Other Forms	2 : 0.10	6 : 0.76	1 : 0.67	8 : 0.84	15 : 0.80	17 : 0.42
Scarlet Fever	82 : 3.94	- : -	2 : 1.34	- : -	2 : 0.11	84 : 2.12
Diphtheria	33 : 1.58	26 : 3.34	2 : 1.34	6 : 0.63	34 : 1.81	67 : 1.69
Murine Typhus Fever	1 : 0.05	- : -	- : -	2 : 0.21	2 : 0.11	3 : 0.08
Gonococcal Ophthalmia	- : -	2 : 0.26	- : -	1 : 0.11	3 : 0.15	3 : 0.08
Erysipelas	4 : 0.19	- : -	- : -	- : -	- : -	4 : 0.10
Trachoma	- : -	- : -	- : -	1 : 0.11	1 : 0.05	1 : 0.01
Puerperal Sepsis	1 : 0.05	3 : 0.39	- : -	4 : 0.42	7 : 0.37	8 : 0.22
Ant. Poliomyelitis	17 : 0.82	- : -	- : -	3 : 0.32	3 : 0.11	20 : 0.51
Leprosy	- : -	5 : 0.64	- : -	- : -	5 : 0.27	5 : 0.13
Smallpox	20 : 0.96	19 : 2.44	- : -	4 : 0.42	23 : 1.23	43 : 1.09
Amoebic Dysentery	7 : 0.33	28 : 3.6	2 : 1.34	3 : 0.32	33 : 1.76	40 : 1.00

(2) INFECTIOUS DISEASE.

There were 440 notifications of infectious disease, a sharp increase on the total of 359 recorded for the previous year, due to epidemic outbursts of Smallpox and Anterior Poliomyelitis, and to sharp increases in the notification of Enteric Fever and Tuberculosis. (See Page 8)

ISOLATION HOSPITAL (EUROPEAN INFECTIOUS DISEASE) (Page 61)

Altogether 159 patients were admitted during the year, 126 Borough and 33 Out-of-Borough. Figures for previous years were :-

1936-37 : 183;	1937-38 : 215;	1938-39 : 216;	1939-40 : 307;
1940-41 : 405;	1941-42 : 259;	1942-43 : 334;	1943-44 : 318.

Cases of Tuberculosis, Puerperal Sepsis and Typhoid Fever are provided for at Grey's Hospital - the Provincial General Hospital - and the King George V. Hospital for Tuberculosis, in Durban. Europeans needing hospitalisation for Venereal Disease are sent by arrangement to Addington Hospital, Durban.

NON-EUROPEAN INFECTIOUS DISEASE HOSPITAL (Page 62)

Admissions totalled 332, 178 Borough, and 154 Out-of-Borough Cases, as compared with last year's total of 344.

AMBULANCE.

The following figures have been furnished by the courtesy of the City Engineer :-

(1) Total number of cases removed : 4,264

(2) Infectious Cases Removed : 1,437

LABORATORY WORK.

Laboratory work done by the Pathologist, Dr. D. Cowie :-

Swabs for Diphtheria Bacilli	375
Swabs for Haemolytic Streptococci	166
Smears for Gonococcus, Vincents, B. Leprae, etc.,	2
Blood (Total and Diff. Counts, Grouping, Malaria, etc.) ..	12
Spinal Fluids	10
Stools (T.B., E. Histolytica, etc.)	13
Urines (Chemical, microscopic, B. Typhosus, etc.)	23
Milks for Bacterial Count	62
Total :	<u>663</u>

Work done in Departmental Laboratory :-

Mosquito larvae examined : 3,805 (plus
350 examined on behalf of Military Authorities)

(2) Infectious Disease continued.NOTIFIABLE INFECTIOUS DISEASE(a) ANTHRAX. No cases notified.(b) SMALLPOX. A total of 43 cases ^{WAS} ~~were~~ notified, 20 Europeans, 19 Natives and 4 Asiatics.

This very large total of notifications was due to the occurrence of a serious epidemic outbreak of Smallpox in the City during the month of September.

In last year's Annual Report which dealt with the position up to June 30th 1944, reference was made to a small outbreak in January, 1944, of Smallpox in the Peri-Urban area of Bishopstowe, consisting of 4 cases, all of whom were treated in the Pietermaritzburg Epidemic Hospital.

During the month of June, 11 native cases of Smallpox were admitted to the Epidemic Hospital, all coming from the surrounding district into Pietermaritzburg. These cases came into Pietermaritzburg by train, in rickshas, in taxis and on foot, seeking medical treatment, nearly all being discovered eventually in the Outpatient Department at Grey's Hospital, finding their way there directly or after varying periods during which they wandered around in Pietermaritzburg visiting friends or relations. One Asiatic female case of Smallpox occurred in the City during this month.

In July, one Native child in the Non-European Infectious Diseases Hospital was cross-infected from a case of Smallpox admitted with the diagnosis of Chicken Pox to an adjoining ward. 3 Native female cases cross-infected while in Grey's Hospital wards, were also admitted. As no known cases of Smallpox had occurred in that ward, it was presumed that they were infected by visitors. In July, 14 cases were admitted to the Epidemic Hospital from the surrounding Native areas.

During August the total of admissions was 3, all coming from outside the Borough. Vaccination, which had been urged on the inhabitants of the City in January and again in June, was carried out for all races, facilities being provided by the Municipal Public Health Department. The monthly total of vaccinations by this Department was as follows :-
(No figure is available of the many vaccinations done by Medical practitioners privately)

July, 1944	:	20,320
Aug. "	:	1,925
Sept. "	:	26,808
Oct. "	:	14,007
Nov. "	:	2,755
Dec. "	:	1,393
Jan., 1945	:	2,581
Feb. "	:	2,071
March "	:	1,708
April "	:	1,890
May "	:	2,018
June "	:	1,981
Total:		<u>79,457</u>

There was only one case occurring in a European male child aged 8, who died, and whose death was certified as due to "Polioencephalomyelitis", where the question of a post-vaccinal condition arose. The child had been vaccinated 9 days prior to the onset of his illness. This was a primary vaccination and there were three small "takes".

A similar clinical condition had occurred three weeks previously in Pietermaritzburg in a European male child, aged 8, who had not been recently vaccinated and who also died, death being certified as due to "Anterior Poliomyelitis - Bulbar Paralysis".

No other cases suggestive of Post-Vaccinal encephalitis occurred.

These figures included many persons, European and Non-European, from outside the City, who alarmed by the outbreak, made use of the facilities offered in Pietermaritzburg.

On the 30th August a European male patient was admitted to the Isolation Hospital, transferred from Grey's Hospital as a case of Tick Bite Fever, and it was not until three days later when the rash had developed further, that the condition was diagnosed as Smallpox. This patient had recently arrived in Pietermaritzburg from another area where cases of Smallpox had occurred. Arrangements were made to nurse him separately, additional Staff being obtained for the remaining hospital patients, all Staff and other patients being, of course, immediately re-vaccinated. This patient died in hospital on the 7th September. On the 19th September, one of the temporary nursing Staff engaged at the Hospital from the 3rd September, i.e. after the European case had been separated, and who had not been near this case, was admitted as a suspect Smallpox. Her re-vaccination had been unsuccessful, but she possessed three good marks (over 50 years old). Her complaints dated from the 14th September, the rash appearing on the 17th. The rash was very mild and atypical, but in view of the long prodromal period, it was decided that she was probably a very modified case of Smallpox and probably cross-infected in Hospital.

Non-European cases were still being admitted into the Epidemic Hospital from the surrounding areas outside of the Borough where there was an epidemic of considerable size. In the next 14 days a sharp Epidemic outburst of the disease involving 29 persons (19 Europeans, 8 Natives and 2 Asiatics) occurred within the City. With the exception of 1 case, all the Europeans were resident in the suburb in which the Isolation Hospital is situated. (One case, not actually resident, was a student at the University which is a few hundred yards away from the Hospital, and is included in the total of Scottsville residents). The last European case in this outbreak was secondary to one of the earlier cases.

Of the 8 Native cases, six were resident in the same suburb, and one was a milk delivery boy who regularly delivered milk in that area, though actually residing outside the Borough on the boundary of the suburb.

Both the Asiatic cases were not resident in this suburb and denied visiting that area.

The outbreak, therefore, (despite the 4 non-resident cases) would appear to resemble those outbreaks recorded as taking place in the vicinity of Smallpox Hospitals, and ascribed often to air-borne contagion. In this case the outbreak, if it were of this type, could only be secondary to the single European case who was in the Isolation Hospital from August 31st to September 7th.

The date of cases occurring in relationship to the date of the first symptoms, where the exact date could be obtained, was as follows :-

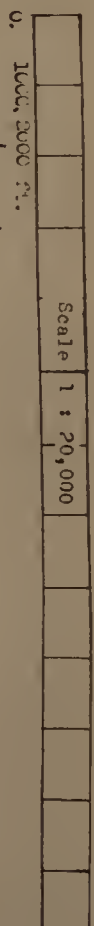
SEPTEMBER	14th	15th	16th	17th	18th	19th	20th	21st	23rd	24th
No. of Cases	2 E	1 E	1 E	4 E	7 E	1 E	1 E	1 E	1 E	-
(E = European)	-	-	2 N	2 N	1 N	-	-	-	1 N	2 N
(N = Native)	-	-	-	1 A	-	-	-	-	-	-
(A = Asiatic) TOTAL	2	1	3	7	8	1	1	1	2	2

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SLANG
SPRUIT

SLANG SPRUIT

Woods Drive

Glyn Rd.

Camp Drift Rd.

Alexandra Rd.

FOX HILL SPRUIT

ISOLATION HOSPITAL

Golf Rd.

Ridge Rd.

Durban Rd

BLACKBURN SPRUIT

LEONARD SPRUIT

UNSWINDSI

Berg St.

Commercial Rd.

Church St

Howick Rd.

DORP SPRUIT

EP. HOSPITAL SPRUIT

New England Rd.

NEW ENGLAND

— PLAN OF —

PIETERMARITZBURG

Residence of Cass of Small Pot.

LAMONT'S VALE

CHITTO REEF

ORIENTAL KRAAL

ORIENTAL

2 (b) Smallpox. Cont'd.

The date of appearance of the Smallpox rash, where the exact date could be ascertained, was as follows :-

SEPTEMBER	17th	18th	19th	20th	21st	22nd	23rd	25th	26th	27th
No. of Cases	1 E	2 E	3 E	4 E	5 E	-	1 E	2 E	-	-
	-	1 N	1 N	1 N	1 N	1 N	1 N	-	1 N	1 N
	-	1	1 A	-	-	-	-	-	-	1 A
TOTAL	1	3	5	5	6	1	2	2	1	2

The distances of the Isolation Hospital from the residences involved in the same suburb varied from 100 yards to 1,500 yards, and from the residences of the City proper, cases varied from $1\frac{3}{4}$ miles to $2\frac{1}{4}$ miles.

The prevailing wind at the time was as follows :-

Date	August		September						
	30th	31st	1st	2nd	3rd	4th	5th	6th	7th
Wind Direction	E	E	E	E	S.W.	W	N.E.	W	N.W.

i.e. roughly from the Hospital towards the area involved. (See)
(Map opposite)

If the epidemic were air-borne it is not clear why quite a number of (generally elderly) unvaccinated persons were found on house-to-house search of the whole of the suburb, who though living near the houses where actual cases developed, escaped infection. Subsequent successful vaccination showed them to be fully susceptible.

The possibility of fly-borne spread must be considered. Although flies were not particularly prevalent, very stringent precautions against flies were only enforced from the 3rd September. Some of the cases were quite distant for that type of spread, but not impossibly so. The control measures adopted were as follows :-

1. Prompt removal to hospital of all cases. Terminal disinfection of bedrooms (formalin) and clothing and bed-clothing (steam). Vaccination and house quarantine for 14 days of all contacts, unless there was clear evidence of recent successful vaccination. Daily surveillance of all contacts by the Health Visitors of the Department to check on quarantine and to take daily temperatures.

2. House-to-house visitation and survey of the whole suburban area involved, by the Health Inspectorate Staff. All un-vaccinated persons were readily persuaded to be vaccinated at once, and very few resisters required a visit from the medical Staff, which was in all cases successful.

3. Provision of facilities for Vaccination by the City Council in the suburb involved, and in the City for all races. The services of medical practitioners, non practising trained nurses, members of the St. John Ambulance Association and the Red Cross Society, and of other volunteers, were used in conducting these sessions and the Department is deeply grateful for this freely offered and most valuable help.

4. Hospital Facilities.

As no alternative accommodation was available for the European cases, the Isolation Hospital to which cases had already been admitted, was used for the treatment of these cases.

All cases of other infectious disease were evacuated to Grey's Hospital or their own homes. Arrangements were made for the admission of other urgent infectious disease cases to one of the /Nursing

2(b) Smallpox. Cont'd

Nursing Homes in the meantime. Two members of the Red Cross Society volunteered to assist with the nursing of these cases, which was carried out by the Isolation Hospital Staff.

The Non-European cases were treated at the Epidemic Hospital in a portion of the Venereal Diseases Hospital set aside for this purpose, under the unsatisfactory conditions mentioned in last year's report. The Matron and the trained native nurses of the Non-European Infectious Diseases Hospital, with the assistance of untrained native nurses engaged temporarily, took charge of the nursing at this Hospital. I would like to add my own sincere tribute to the Matrons, the trained and untrained nurses and the volunteers of both hospitals who willingly and wholeheartedly undertook this work of nursing what must be the most unpleasant of all diseases requiring nursing.

There was only one secondary case, a European, in this outbreak and this patient was under observation from the onset of her illness as a result of the daily visitation of contacts by the Health Visitors. This patient had been vaccinated two hours after her first contact with the primary case. She had never been vaccinated before. The vaccination was successful, there being 3 'takes', but she died of Haemorrhagic Smallpox 13¹/₂ days after exposure. One month later a native woman and her infant were admitted from the Native Womens' Hostel in the City suffering from Smallpox. The source of this infection could not be traced. No secondary cases occurred in this crowded ~~Hospital~~^{HOSTEL}. Subsequently one Asiatic family was discovered concealing the disease. The father in the family had been the first sufferer, contracting the disease about the time of the epidemic outburst, and one child developed the infection 2 weeks later. These cases had remained concealed in an Indian barracks for nearly two months. Legal proceedings were taken in this case when the patients were released from hospital.

Admissions to Municipal Hospitals						
Smallpox Cases			Smallpox Contacts	Smallpox Suspects		
E	N	A	N	N		
July, 1944						
to June, 1945.	20	67	7	33	6	

A number of features emerge from our experience with the cases of Smallpox seen in the Municipal Hospitals during this epidemic.

1. At the beginning of the year the cases were all mild, of the "Amaas" type, but from July the nature of the epidemic changed, cases becoming severe, with a large proportion of Haemorrhagic cases particularly, and a high fatality rate. Towards the end of the epidemic, cases again tended to become mild, though not quite so mild as at the commencement of the epidemic.

	European	Native	Asiatic	Total
No. of Mild Cases	12	47	5	64
" Died	-	-	-	-
% Died	-	-	-	-
No. Haemorrhagic	6	15	2	23
" Died	6	13	1	20
% Died	100 %	86.7 %	50 %	87 %
No. Confluent	-	13	1	14
" Died	-	5	-	5
% Died	-	38.5 %	-	35.7 %
No. Other severe cases	3	9	-	12
" Died	2	7	-	9
% Died	66.7 %	77.8 %	-	75 %
Total cases	21	84	8	113
" Died	8	25	1	34
% Died	38.1 %	30 %	12.5 %	30.1 %

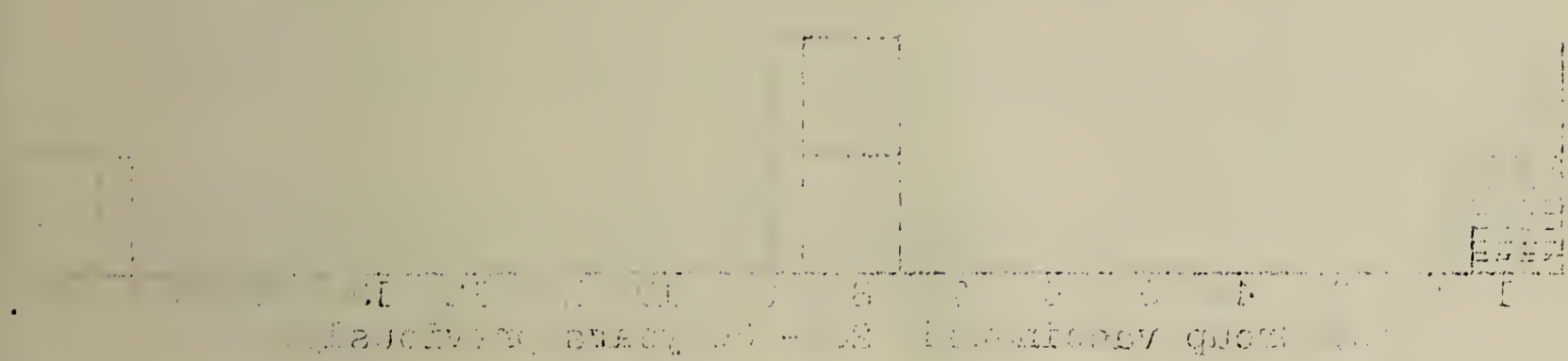
2. A number of cases of Smallpox gave a history of recent
/unsuccessful



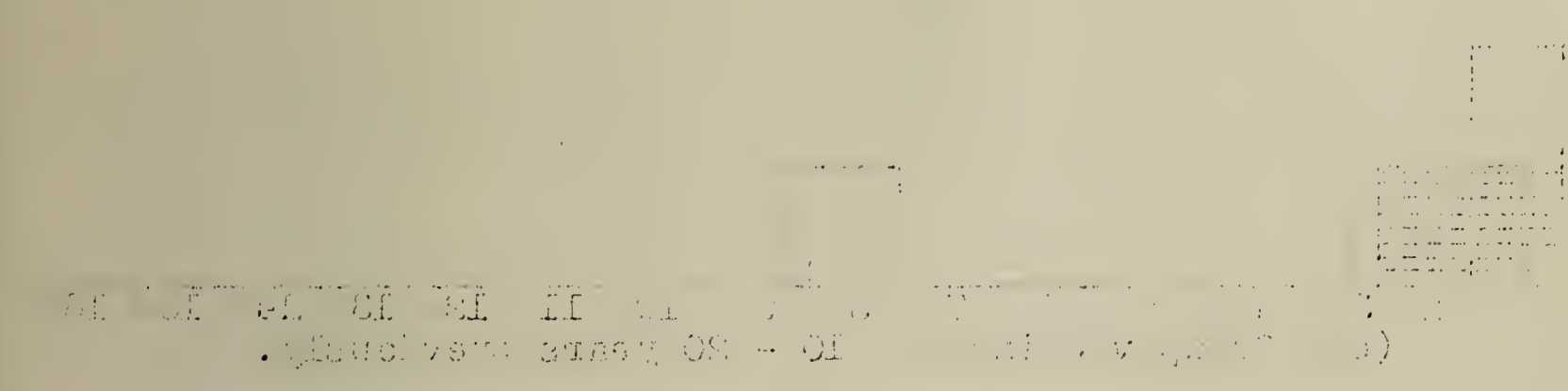
(a) Group vaccinated 10 - 10 years previously



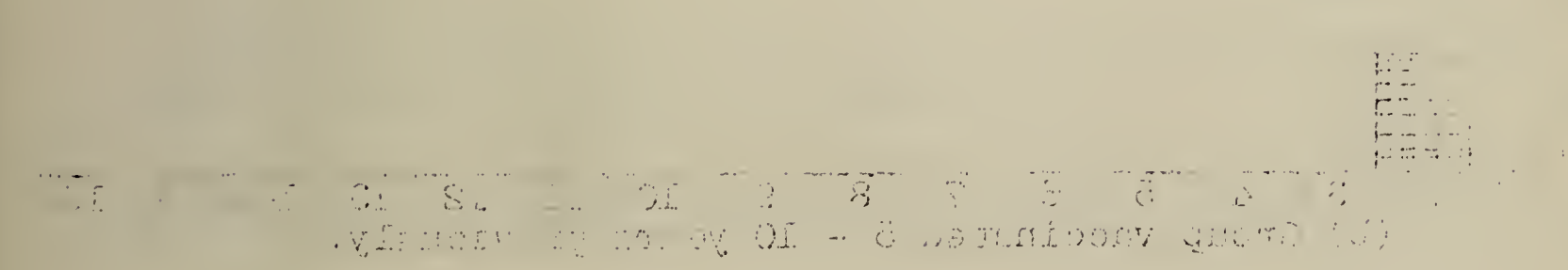
(b) Group vaccinated 10 - 10 years previously



(c) Group vaccinated 10 - 10 years previously



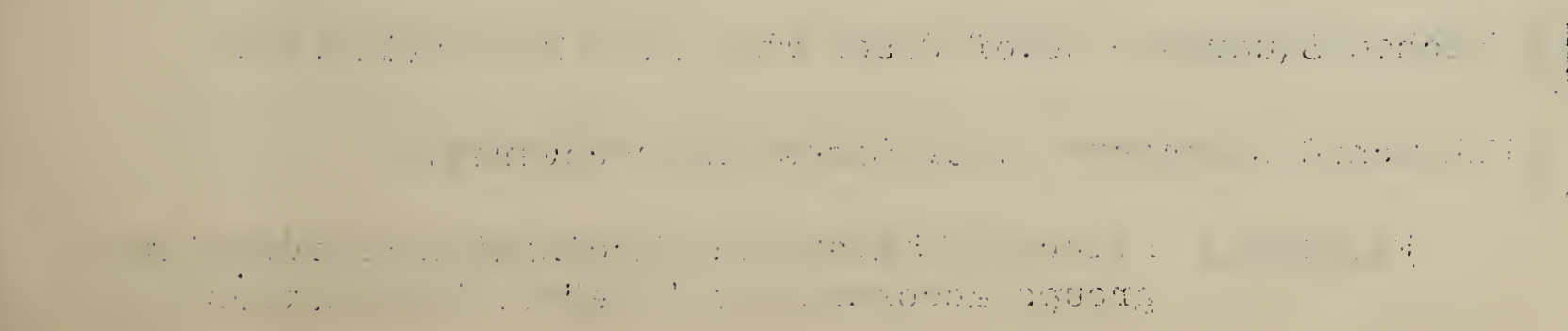
(d) Group vaccinated 10 - 10 years previously



(e) Group vaccinated 10 - 10 years previously



(f) Group vaccinated 10 - 10 years previously



(g) Group vaccinated 10 - 10 years previously

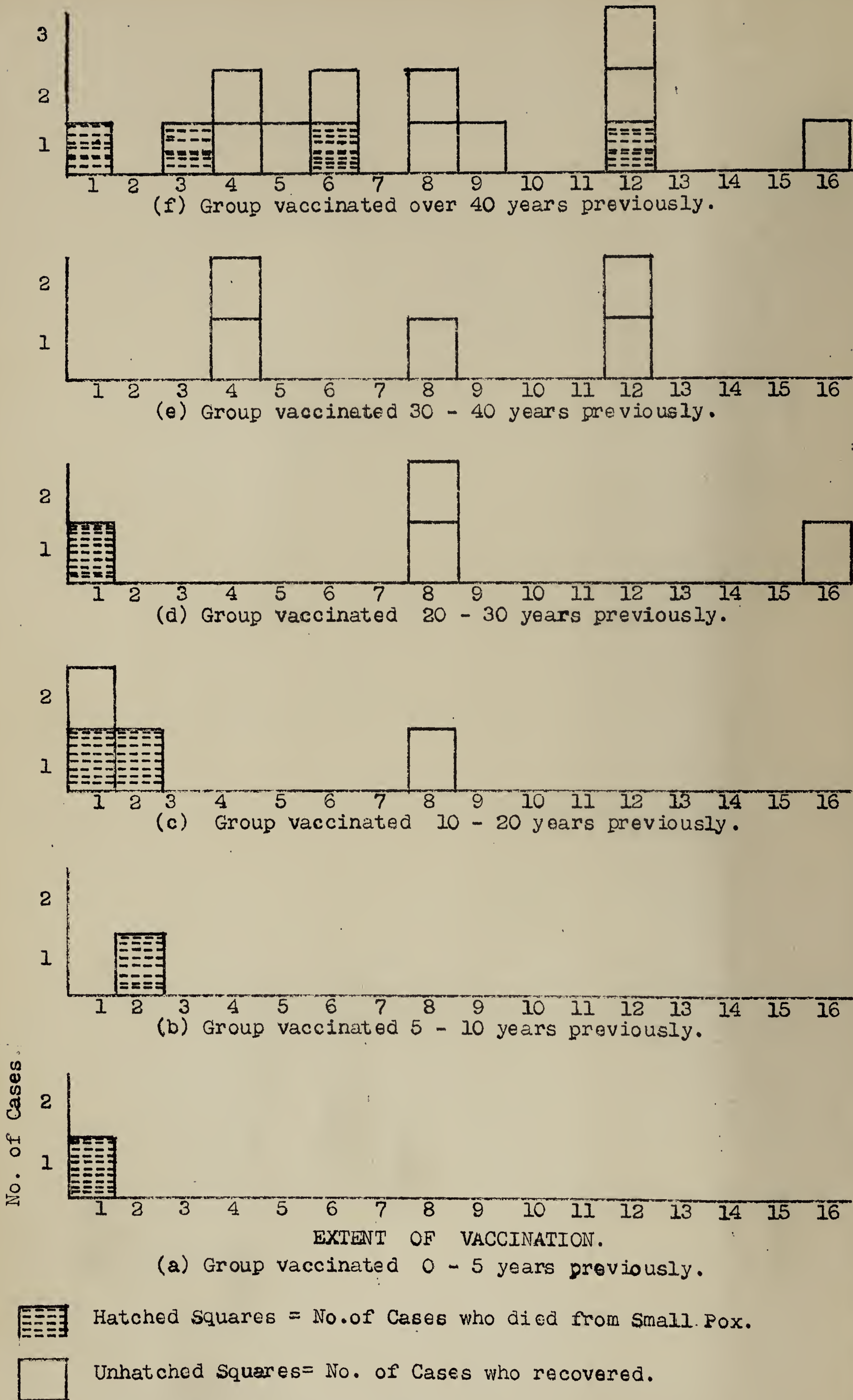


FIGURE I. Effect of Extent of Vaccination divided into groups according to "age" of Vaccination.

2(b) Smallpox. Cont'd.

unsuccessful vaccinator, and of these a number died.

	Borough				Out-of-Borough			
Cases	Eur.	1	Nat.	6	16	Nat.	1	Asiatic
Died		-	"	2	3	"		-

This must be regarded as a definite failure through failure of vaccination technique at some point and indicates the need for a careful review of every step of the procedure, even though the panic created by the Epidemic brings crowds flocking to the vaccination centre.

3. The definite beneficial effect of Vaccination.

								Bor.	O/B	Tt
Cases with no marks of previous successful vaccination								16	54	70
"	"	1	mark	"	"	"	"	5	6	11
"	"	2	marks	"	"	"	"	7	4	11
"	"	3	"	"	"	"	"	2	2	4
"	"	4	"	"	"	"	"	4	3	7

						Died	Severe attack	Mild-moderate attack
Not previously successfully vaccinated						22	12	36
1 mark of previous successful vaccination						5	1	6
2 marks "						2	1	8
3 " "						3	-	4
4 " "						-	-	5

An attempt was made to assess the value of the extent of the vaccination where a record of the size of the vaccination scar had been made, and the date of the previous vaccination had been noted. Each $\frac{1}{4}$ " of diameter of each vaccination scar was given a value of 1. Thus a vaccination consisting of 3 marks, each $\frac{1}{2}$ " in diameter would be given a value of 3 x 2 i.e. 6.

A series of histograms were constructed, separately for different periods of years by which vaccination had antedated the attack of Smallpox. Unfortunately the cases where sufficient information was available were few in number. (See figure 1) (opposite.)

While the numbers are too few for any definite conclusions, these diagrams do appear to suggest that :-

1) Where vaccination is 40 years old, it can no longer be relied upon to protect, whatever the extent of the vaccination.

2) In the more recent vaccination groups the deaths always occur where there is the least amount of vaccination.

4. Sulfonamides appear to have no specific value in the treatment of this disease.

				Average length of illness in recovered cases
No.	Died	% Died		
Cases treated with Sulfapyridine	13	6	46%	41 days
" " " Sulfathiazole	16	4	25%	34 "
" receiving no specific treatment	71	22	36%	36 "

5. No reliance can be placed upon successful vaccination undertaken at any time after exposure.

/a. Vaccinated

2(b) Smallpox. Cont'd.a. Vaccinated Prior to Exposure to Infection.

						No. of Cases who :-			
						Escaped attack	Had a mild attack	Had a severe attack	Developed Smallpox & Died
Successfully vaccinated 1 day prior to Exposure						1	-	-	-
"	"	3 days	"	"	"	-	-	-	1 *
"	"	8 "	"	"	"	1	-	-	-

* This was a marasmic native child, aged 14 months, suffering from diphtheritic skin ulceration, who was cross-infected in hospital.

b. Vaccinated after exposure to Smallpox.

								No. of Cases who :-			
								Escaped attack	Had a mild attack	Had a severe attack	Developed Smallpox & Died
Vaccinated 2 hours after exposure								-	-	-	1
" 8 days prior to onset of symptoms								-	1	-	-
"	7 "	"	"	"	"	"	"	-	1	-	-
"	6 "	"	"	"	"	"	"	-	1 (age 1 yr)	-	1 (age 3 mos)
"	5 "	"	"	"	"	"	"	-	3	1	-
"	3 "	"	"	"	"	"	"	-	1	1	-
"	2 "	"	"	"	"	"	"	-	1	-	-
" on day of onset of symptoms								-	1	-	-

(c) DIPHTHERIA.

The total number of cases notified was 67 as compared with 76 for last year. 3 Europeans died from this disease. Immunisation, particularly of pre-school children, was continued throughout the year, a total of 448 children having completed the immunising course at the Infant Clinics, (315 of these being European as compared with last year's total of 447.) Until about three quarters of the child population of Pietermaritzburg is immunised (a goal we are still far from attaining) there is not likely to be any sensational decrease in the incidence of this disease. So far no case of Diphtheria has occurred in any child in Pietermaritzburg who has completed the immunisation course.

(d) SCARLET FEVER.

84 Cases were notified as compared with 153 last year. The disease continued to be mild.

10 Cases occurred in Adults, 25 in Pre-school children, and the remaining 49 cases amongst school-going children. One (Junior) school had 10 cases, two schools (one Junior) had 5 cases each, one (Junior) school had 4 cases, two schools had 3 cases each, six schools had 2 cases each, and seven schools had only 1 case each. The total of school-going children in Pietermaritzburg is over 5,000 (Eur. and Coloured).

(e) CEREBRO-SPINAL MENINGITIS.

No cases were notified during this year.

(f) ANTERIOR POLIOMYELITIS.

Pietermaritzburg shared in the Epidemic Outbreak of Anterior Poliomyelitis, which occurred throughout the Union in the Spring of 1944. A total of 20 cases (17 European and 3 Asiatic) were notified. Notifications were received as follows :-

(f) ANTERIOR POLIOMYELITIS. Cont'd.

1944, July	:	Nil	
Aug.	:	"	
Sept.	:	"	
Oct.	:	2 Eur.	
Nov.	:	4 "	1 Asiatic.
Dec.	:	5 "	1 "
1945, Jan.	:	1 "	1 "
Feb.	:	3 "	
March	:	Nil	
April	:	"	
May	:	2 Eur.	
June	:	Nil	

The Age Incidence of cases and deaths was as follows :-

0 - 1 yrs.	Nil	11 - 15 yrs.	Nil
1 - 2 "	4 (1 death)	16 - 25 "	5 (3 deaths)
3 - 5 "	2	26 - 35 "	1 (1 death)
6 - 10 "	6 (3 deaths)	36 & above	Nil

There were 8 deaths (6 European and 2 Asiatic).

Up to date no cases have recovered fully, though some further improvement is expected. There is extensive residual paralysis in 3 cases, moderate in 3 cases, and slight in 6 cases.

An analysis has been made of certain epidemiological factors which have been said to be of importance in the spread of this disease. The total number of cases is, of course, too small to permit of drawing any hard and fast conclusions, but the analysis is nevertheless of interest.

1. Swimming Baths have been held to be of importance in the spread of the disease.

In this series	2	of the cases	patronised	the Municipal Swimming Baths.
" "	"	3	"	" Private or School "
" "	"	14	"	" never " any swimming baths at all.

2. Prevalence of Flies.

In 1 case Flies were noted as being very prevalent.
" 10 cases " " described as being only few in number.
" 9 " no complaint at all of Flies could be elicited.

3. The method of disposal of excrement was noted as follows :-

15	cases	occurred	in	houses	with	water-borne	sewerage.
2	"	"	"	"	"	septic tank	installations.
3	"	"	"	"	"	pail removal	systems.

4. The virus of Poliomyelitis has been recorded in rodents :

In 10 of the cases rats or mice were noted.
" 10 " " " there was no complaint of rats or mice.

5. Contact with a Known case of Poliomyelitis.

This was noted in 2 cases only of the 20.

6. Association with Tonsillectomy.

8 cases had had Tonsillectomy performed. There were 4 deaths in this group.

10 cases had not had tonsillectomy performed. There were 3 deaths in this group.

By arrangement with the Natal Provincial Authorities all cases
/in

(f) ANTERIOR POLIOMYELITIS. Cont'd.

in Pietermaritzburg were admitted to Grey's Hospital, which was able to provide for the patients the special facilities required for adequate treatment, viz., the services of an orthopaedic surgeon, Iron Lungs and Physio-therapy.

(h) TYPHUS FEVER.

3 cases were notified (1 European and 2 Asiatics) which clinically and serologically appeared to be cases of Murine Typhus Fever. In only 1 Asiatic case could rodent-infestation (at his place of work) be demonstrated.

(i) ENTERIC FEVER.

45 cases were notified, 9 Europeans and 36 Non-Europeans, an increase on last year's total of 27.

In 12 cases (3 Europeans and 9 Non-Europeans) bacteriological or Post Mortem confirmation of the diagnosis was not obtained. In 5 cases (2 European and 3 Non-European) the infection was probably contracted outside of the Borough. In 3 cases (1 European, 2 Non-European) the diagnosis was subsequently altered to some other condition.

Immunisation was performed in 21 contacts of the disease, 4 European, 4 Coloured, and 13 Asiatic. The method employed was 2 injections of Endotoxoid (S.A.I.M.R.).

(j) PUERPERAL SEPSIS.

8 Notifications were recorded as compared with last year's total of 15, (1 European and 7 Non-European). 5 of these patients were delivered in Hospital and 3 in their homes. In the first (Hospital) group complications were present in 3 cases (Post Abortive Sepsis (Manual Removal of Placenta), Perineal Tear - 2nd degree, Post Partum Haemorrhage; in the second (Home) group (3 cases), one case followed a 2nd degree Perineal Tear.

(k) AMOEBIC DYSENTERY.

Amoebic Dysentery was declared a notifiable Infectious Disease in Natal from January 1st, 1945. Up to June 30th, 1945, 40 notifications of this disease have been received. The number of notifications is large and the investigation of the cases has proved to be difficult and time-consuming. The investigation of this and other Infectious Diseases will in future require the full-time service of a Health Visitor.

Of the cases investigated, 3 were probably Imported cases, and in 5 cases the diagnosis was not confirmed by Bacteriological investigation. The Laboratory reports showed the presence of Vegetative Forms of *E. Histolytica* in 9 cases (1 Eur., 5 Nat., 2 Col., 1 As.), and Cystic Forms of *E. Histolytica* in 5 cases (1 Eur., 2 Nat., and 2 As.)

Only 5 cases gave a history of recent onset of the disease, i.e. within the last month. The average duration of symptoms in 8 cases was $5\frac{1}{2}$ months, while in 2 cases the duration of the disease was given as 2 yrs. and 7 yrs. respectively.

Investigation of a native compound where 3 cases had been notified revealed the presence of Cysts of *E. Histolytica* in the Native cook. 1 European and 1 Coloured household, where only single cases had occurred, were also investigated, with negative results however.

The method of Terminal Disinfection for Infectious Disease usually employed, viz. the use of a Formalin Spray, which was discontinued some year's ago owing to the impossibility of obtaining Formalin under War Time conditions, has not been generally resumed. Householders are asked to practise simple cleansing, to leave the rooms /vacant

vacant for 24 hours, and to sun and air mattresses, blankets, etc.

There have not been any cases of infection so far reported that can be ascribed to the cessation of this Formalin Disinfection. It was carried out, however, during the Smallpox outbreak.

(3) TUBERCULOSIS. (Pages 45-46)

Notifications of Pulmonary Tuberculosis totalled 100, nearly double last year's total of 55, 13 of these being of Europeans. Notifications of Non-Pulmonary Tuberculosis totalled 17 (2 European) as compared with the previous year's total of 8.

35 Borough cases (23 Natives, 2 Coloureds & 10 Asiatics) were admitted to the Tuberculosis block (24 beds) of the Non-European Infectious Diseases Hospital, (8 of these being transferred from Grey's Hospital).

During the year 30 Borough cases were admitted to Grey's Hospital (2 European, 16 Native, 1 Coloured and 11 Asiatic). 14 Cases were admitted direct from the Clinic to Hospital. 2 European cases were sent to the King George V Hospital for Tuberculosis, in Durban.

The scheme of subsidising rentals in tubercular families at the Native Village, where a larger house was necessary to ensure the isolation of the infectious case in the home, continued during the year, and 4 families were assisted in this way. Close control by the Native Health Assistant is maintained to ensure that isolation is observed.

The Natal Anti-Tuberculosis Association made grants to 5 families in Pietermaritzburg (1 European, 2 Coloured and 2 Asiatic), to enable the breadwinner to accept hospital treatment.

The following tables illustrate the trend in notifications and deaths from this disease over the period 1934 - 1945 :-

PULMONARY TUBERCULOSIS							D E A T H S					
N O T I F I C A T I O N S												
	Eur:	Nat:	Col:	As:	All Non-Eur:	Total	Eur:	Nat:	Col:	As:	All Non-Eur:	Total
1934-35	7	35	12	31	78	85	4	25	7	8	40	44
1935-36	17	38	15	32	85	102	2	14	3	12	29	31
1936-37	8	40	8	20	68	76	4	18	7	17	42	46
1937-38	17	40	15	14	69	86	7	29	7	7	43	50
1938-39	15	40	15	10	65	80	5	19	6	8	33	38
1939-40	7	23	7	17	47	54	4	15	7	9	31	35
1940-41	7	13	11	7	31	38	3	19	1	6	29	32
1942-42	8	22	6	18	46	54	5	9	1	15	25	30
1942-43	8	29	2	27	58	66	5	13	2	16	31	36
1943-44	5	23	3	24	50	55	3	14	4	14	32	35
1944-45	13	52	5	30	80	100	3	14	4	11	29	32

N-PULMONARY TUBERCULOSIS							D E A T H S					
N O T I F I C A T I O N S												
	Eur:	Nat:	Col:	As:	All Non-Eur:	Total	Eur:	Nat:	Col:	As:	All Non-Eur:	Total
1934-35	1	4	0	3	7	8	2	6	0	1	7	9
1935-36	3	3	1	5	10	13	1	2	0	2	4	5
1936-37	2	8	0	5	13	15	1	4	0	3	7	8
1937-38	5	10	3	6	19	24	3	1	2	3	6	9
1938-39	1	3	0	3	6	7	0	2	0	2	4	4
1939-40	2	3	1	3	7	9	1	2	1	0	3	4
1940-41	3	2	0	3	5	8	2	1	0	0	1	3
1941-42	2	7	2	7	16	18	1	3	1	3	7	8
1942-43	1	3	4	2	9	10	1	1	1	3	5	6
1943-44	1	4	0	3	7	8	0	5	1	3	9	9
1944-45	2	6	1	8	15	17	0	3	2	5	10	10

(3) TUBERCULOSIS. Cont'd.

This total of Notifications of cases of Pulmonary Tuberculosis shows a very considerable increase on last year's total. It should be noted, however, that there is no increase (actually a small decrease) in the total of deaths from the disease, which would suggest that probably a larger number of the earlier cases of this disease than usual have been notified this year.

Of the total, 17 cases were notified as a result of the Tuberculin Survey of School Children carried out by Dr. Woods (6 European, 7 Native and 4 Asiatic). Of these cases 4 (2 European and 2 Asiatic) were subsequently removed from the Tuberculosis register as not suffering from the disease in a notifiable form. A further 7 cases were notified as the result of routine examination of contacts (4 Native, 1 Coloured and 2 Asiatic).

A further 4 cases notified (1 Eur., 2 Nat., and 1 As.) were subsequent to further investigation, removed from the Tuberculosis register as not suffering from Pulmonary Tuberculosis. 2 Native cases could not be traced and 2 cases (1 Native and 1 Asiatic) were probably Imported cases.

Allowing, therefore, for Imported and incorrectly diagnosed cases the bulk of the increase this year has been due to the Tuberculin Survey and the routine examination of contacts, confirming the conclusion that more early cases have been notified and brought under treatment this year than previously. As contact investigation has been carried out routinely for many years now, it would appear that Routine Surveys of the population offer the most hopeful method of discovering early cases. The Tuberculin Survey method involving three distinct procedures, viz. application of a patch test, followed by reading and then by x-ray screening, could be replaced by the much simpler single step of Mass Radiography.

The Tuberculosis Clinic. (Page 51)

The routine clinical and x-ray examination of all contacts of every case of Tuberculosis notified was carried out at the Tuberculosis Clinic. During the year there were 1,028 attendances at the Clinic while 1,584 visits were made to tuberculous and contacts in their homes. 106 Contacts were examined and x-rayed at the Tuberculosis Clinic. These figures refer to Borough cases only.

TUBERCULIN SURVEY IN PIETERMARITZBURG.

During the period May - December, 1944, and in June, 1945, a Tuberculin Survey of School Children in Pietermaritzburg was carried out by Dr. I. Woods, working under the auspices of Dr. B.A. Dormer of the Union Health Department, and I am indebted to them for permission to reproduce the following tables and comments extracted from their report.

"The Vollmer Patch Test (Lederle) was used. Of the 1,725 children who reacted positively to the Patch Test, 1259 were screened, and of these 100 who showed suspicious lung shadows were x-rayed. In addition, 200 European and Coloured children were x-rayed without screening.

The results of the Tuberculin Patch Tests are given in Table 1 (See Page 21).

A marked difference was noted in the rates of Tuberculous infection in the different races of children in Maritzburg. These were consistent with the known death rates from Tuberculosis in the different races in Pietermaritzburg, except that the rate of infection of Native children was much higher

/than

(3) TUBERCULOSIS Cont'd

than the published death rate would lead one to expect. This high incidence of infection was corroborated by the number of cases of Active Primary Tuberculosis found in Native children and by the high percentage of calcifications in their lungs and hilar glands. (See Table 2 a & b Page 22)

In general it was found that the degree of sensitivity to tuberculin ran parallel to the percentage of children in household contact with Tuberculosis, the sensitivity being highest in Coloured children, 44% of whom gave a history of contact with tuberculosis in their own homes, and lowest in European children, only 19% of whom had been infected by members of their own families. (See Table 3 Page 23)

The severity and incidence of Active Primary disease was also closely related to the degree of exposure of the children to Tuberculosis and to their poverty or wealth. European children, especially those in the paying schools, showed slight or no evidence of primary disease, whereas in Native children the manifestations of Active disease were frequent and often severe.

In order to determine whether, as in other countries, European children of the poorer classes were more often infected than those of the wealthier, the results obtained in European children attending the free Government Schools were compared with those in children attending the paying Schools. (See Table 4a Page 23) Contrary to expectation the children below the age of 10 at the paying schools gave as high a percentage of infection as those from the Government Schools. The percentage, however, at the paying schools dropped considerably above the age of 15, whereas in the Government Schools, it continued to rise.

A marked difference was observed in the average degree of sensitivity to tuberculin of these two groups of children, the children from the paying schools reacting very much less strongly, especially in the older age groups, than those from the Government Schools (See Table 4 b Page 24)

The percentage of calcification in the lungs and hilar glands was very much lower in children at the paying schools than in those at the Government schools. In both groups the percentage fell in children above the age of 10 years, the drop being most noticeable in children attending the paying schools. (See Tables 5a & b Page 24)

SUMMARY AND CONCLUSIONS.

1. The degree of sensitivity to the tuberculin and the severity of Active Tuberculosis in the children surveyed was found to be related to the poverty or wealth of the children tested and the percentage of children in household contact with tuberculosis.

2. The high incidence of infection in Native children showed that the death rate from Tuberculosis in Native industrial workers was very much higher than the published (general) Tuberculosis death rate for Natives in Pietermaritzburg. (The Native population in Pietermaritzburg is composed mainly of domestic servants. The Native children tested, however, were the families of labourers and workers in Industry)

3. There is evidence that a number of European children are not infected by members of their own families, but are probably infected in early childhood, either directly or indirectly, by Non-Europeans. "

RESULTS OF TUBERCULIN SURVEY.

Table 1.

		European			Native			Coloured			Asiatic		
		M	F	T	M	F	T	M	F	T	M	F	T
Age Group	Cases examined	36	29	65	46	52	98	0	0	0	21	23	44
0 - 4	" Positive	4	1	5	8	3	11	0	0	0	1	1	2
	% Positive	11.1	3.4	7.7	17.4	5.8	11.5	0	0	0	4.8	4.3	4.5
5 - 9	Cases examined	723	718	1441	224	224	448	125	123	248	536	472	1009
	" Positive	84	97	181	84	66	150	31	34	65	92	77	169
	% Positive	11.6	13.5	12.4	37.5	29.5	33.5	24.8	27.6	26.2	17.2	16.4	16.8
10 - 14	Cases examined	1103	1175	2278	260	354	614	122	113	235	654	429	1083
	" Positive	191	210	401	144	181	325	39	43	82	158	92	250
	% Positive	17.3	18.7	17.7	55.4	51.1	52.7	32	38	35	24.2	21.5	23.1
15 - 19	Cases examined	564	599	1163	61	66	127	15	5	20	94	52	146
	" Positive	99	80	179	42	44	86	8	2	10	32	9	41
	% Positive	17.6	13.3	15.4	68.9	66.7	67.1	53.3	40	50	34	17.3	28.1
All Age Groups.	Cases examined	2426	2521	4247	591	696	1287	262	241	503	1305	976	2281
	" Positive	378	388	766	277	295	572	78	79	157	283	179	462
	% Positive	15.6	14.8	15.4	46.9	42.4	44.5	29.8	32.8	31.1	21.7	18.3	20.2
20 & over	Cases examined			180			-			-			50
	" Positive			69			-			-			32
	% Positive			38.3			-			-			64

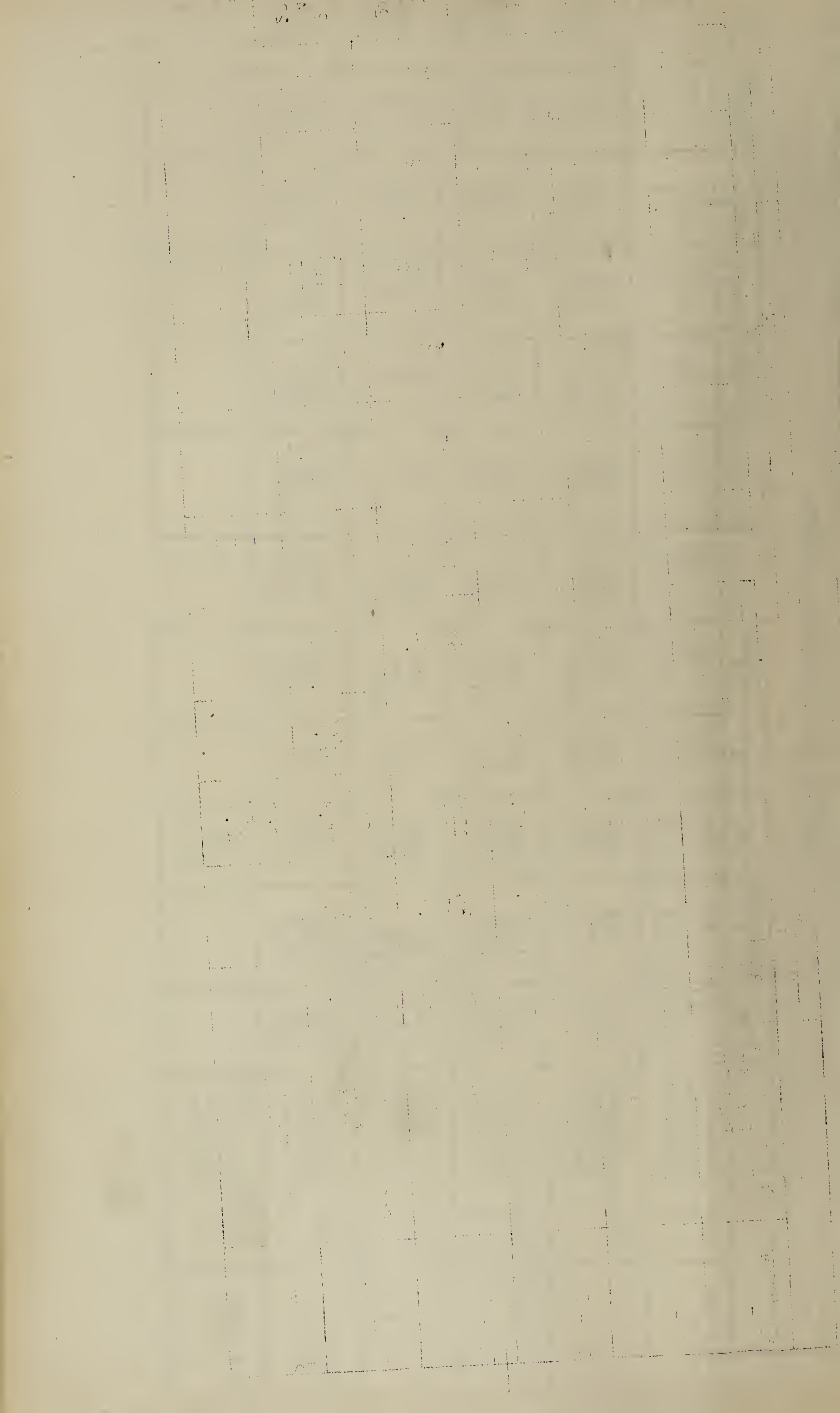


Table 2.

RADIOLOGICAL FOLLOW-UP OF POSITIVE REACTORS.(a) ACTIVE DISEASE.

Age Group		European			Native			Coloured			Asiatic		
		M	F	T	M	F	T	M	F	T	M	F	T
0-5	No. Screened	-	-	-	1	2	3	-	-	-	-	-	-
	No. Active:-Primary	-	-	-	-	-	-	-	-	-	-	-	-
	Delayed	-	-	-	-	-	-	-	-	-	-	-	-
	Total Active	-	-	-	-	-	-	-	-	-	-	-	-
5-9	No. Screened	78	85	163	29	24	53	27	29	56	72	66	138
	No. Active:-Primary	-	1	1	4	2	6	1	-	1	2	1	3
	Delayed	-	-	-	-	-	-	-	-	-	-	-	-
	Total Active	-	1	1	4	2	6	1	-	1	2	1	3
10-14	No. Screened	166	205	371	59	77	136	35	33	68	147	82	229
	No. Active:-Primary	1	1	2	5	-	5	-	1	1	3	1	4
	Delayed	-	-	-	-	-	-	-	-	-	1	-	1
	Total Active	1	1	2	5	-	5	-	1	1	4	1	5
15-19	No. Screened	89	79	168	21	18	39	7	2	9	28	2	30
	No. Active:-Primary	-	-	-	-	-	-	-	-	-	-	-	-
	Delayed	-	1	1	-	-	-	-	-	-	-	-	-
	Total Active	-	1	1	-	-	-	-	-	-	-	-	-
All Age Groups	No. Screened	333	369	702	110	121	231	69	64	133	247	150	397
	No. Active:-Primary	1	2	3	9	2	11	1	1	2	5	2	7
	Delayed	-	1	1	-	-	-	-	-	-	1	-	1
	Total Active	1	3	4	9	2	11	1	1	2	6	2	8
	%	0.3	0.8	0.6	8.2	1.7	4.7	1.5	1.6	1.5	2.4	1.3	2.0

Table 2. (b) CALCIFICATIONS IN THE LUNGS OR HILAR GLANDS.

Age Group		European			Native			Coloured			Asiatic		
		M	F	T	M	F	T	M	F	T	M	F	T
0-4	No. Screened	-	-	-	1	2	3	-	-	-	-	-	-
	No. with	-	-	-	-	-	-	-	-	-	-	-	-
	Calcifications	-	-	-	-	-	-	-	-	-	-	-	-
	% with	-	-	-	-	-	-	-	-	-	-	-	-
5-9	No. Screened	78	85	163	29	24	53	27	29	56	72	66	138
	No. with	17	12	29	4	2	6	3	7	10	10	11	21
	Calcifications	21.8	14.1	18.0	13.8	8.3	11.3	11.1	24.1	17.9	14	16.7	15
	% with	2.8	1.4	1.8	1.4	0.8	1.1	1.1	2.4	1.8	1.4	1.7	1.5
10-14	No. Screened	166	205	371	59	77	136	35	33	68	147	82	229
	No. with	31	11	42	11	14	25	5	5	10	26	12	38
	Calcifications	18.7	5.4	11.5	18.7	18.2	18.4	14.3	15.1	14.9	18	14.6	17
	% with	17.5	5.4	11.5	18.7	18.2	18.4	14.3	15.1	14.9	18	14.6	17
15-19	No. Screened	89	79	168	21	18	39	7	2	9	28	2	30
	No. with	10	3	13	5	4	9	2	-	2	5	1	6
	Calcifications	11.2	3.8	7.7	24	22.2	23	28.6	-	22.2	18	50	20
	% with	12.5	3.8	7.7	24	22.2	23	28.6	-	22.2	18	50	20
All Age Groups	No. Screened	333	369	702	110	121	231	69	64	133	247	150	397
	No. with	58	26	84	20	20	40	10	12	22	41	24	65
	Calcifications	17.4	7.1	12	18.2	16.5	17.3	14.5	18.7	16.6	16.6	16	16.4
	% with	17.4	7.1	12	18.2	16.5	17.3	14.5	18.7	16.6	16.6	16	16.4

Table 3.

FOLLOW-UP OF POSITIVE REACOTRS TO THEIR HOMES.
POSITIVE REACTORS IN KNOWN CONTACT WITH TUBERCULOSIS.

Age Group		European	Coloured	Asiatic
0 - 4	No. Followed	1	-	2
	No. in contact with Relative	1	-	-
	" " " " Friend	-	-	-
	" " " " Non-European	-	-	-
	Total No. in household with T.B. % Known Contact	1 100%	-	1 50%
5 - 9	No. Followed	103	55	107
	No. in contact with Relative	14	-	-
	" " " " Friend	2	-	-
	" " " " Non-European	4	-	-
	Total No. in household with T.B. % Known Contact	20 19%	23 42%	39 36%
10 - 14	No. Followed	116	46	165
	No. in contact with Relative	14	-	-
	" " " " Friend	2	-	-
	" " " " Non-European	4	-	-
	Total No. in household with T.B. % Known Contact	20 17%	23 50%	51 31%
15 - 19	No. Followed	17	7	30
	No. in contact with Relative	3	-	-
	" " " " Friend	1	-	-
	" " " " Non-European	1	-	-
	Total No. in household with T.B. % Known Contact	5 29%	2 29%	6 20%
Total All Ages	No. Followed	237	108	304
	No. in contact with Relative	32	-	-
	" " " " Friend	5	-	-
	" " " " Non-European	9	-	-
	Total No. in household with T.B. % Known Contact	46 19%	48 44%	97 32%

Table 4.

PERCENTAGE OF POSITIVE REACTORS AND DEGREE OF SENSITIVITY
OF EUROPEAN CHILDREN TO PATCH TEST.

(a)

PERCENTAGE OF POSITIVE REACTORS.

Age Group		Free Government Schools			Paying Schools		
		M	F	T	M	F	T
0 - 4	Number tested	17	14	31	19	15	34
	" Positive	1	-	1	3	1	4
	% "	5.9	-	3.2%	15.8	6.7	11.7%
5 - 9	Number tested	446	525	971	277	193	470
	" Positive	47	70	117	37	27	64
	% "	10.5	13.3	12.1%	13.4	14	13.7%
10 - 14	Number tested	592	662	1254	507	517	1024
	" Positive	108	110	218	82	101	183
	% "	18.3	16.6	17.5%	16.2	19.5	17.9%
15 - 19	Number tested	217	178	395	347	421	768
	" Positive	61	24	85	38	56	94
	% "	28.1	13.5	21.5%	11	13.3	12.2%
All Age Groups	Number tested	1272	1379	2651	1150	1146	2296
	" Positive	217	204	421	160	185	345
	% "	17	14.9	15.8%	14	16.1	15%

Date		Description		Amount	
1890	Jan 1	Balance		100.00	
	Jan 15	Received from A. B.		50.00	
	Feb 1	Received from C. D.		25.00	
	Feb 15	Received from E. F.		75.00	
	Mar 1	Received from G. H.		100.00	
	Mar 15	Received from I. J.		50.00	
	Apr 1	Received from K. L.		25.00	
	Apr 15	Received from M. N.		75.00	
	May 1	Received from O. P.		100.00	
	May 15	Received from Q. R.		50.00	
	Jun 1	Received from S. T.		25.00	
	Jun 15	Received from U. V.		75.00	
	Jul 1	Received from W. X.		100.00	
	Jul 15	Received from Y. Z.		50.00	
	Aug 1	Received from A. B.		25.00	
	Aug 15	Received from C. D.		75.00	
	Sep 1	Received from E. F.		100.00	
	Sep 15	Received from G. H.		50.00	
	Oct 1	Received from I. J.		25.00	
	Oct 15	Received from K. L.		75.00	
	Nov 1	Received from M. N.		100.00	
	Nov 15	Received from O. P.		50.00	
	Dec 1	Received from Q. R.		25.00	
	Dec 15	Received from S. T.		75.00	
	Total			1800.00	

Date		Description		Amount	
1890	Jan 1	Balance		100.00	
	Jan 15	Received from A. B.		50.00	
	Feb 1	Received from C. D.		25.00	
	Feb 15	Received from E. F.		75.00	
	Mar 1	Received from G. H.		100.00	
	Mar 15	Received from I. J.		50.00	
	Apr 1	Received from K. L.		25.00	
	Apr 15	Received from M. N.		75.00	
	May 1	Received from O. P.		100.00	
	May 15	Received from Q. R.		50.00	
	Jun 1	Received from S. T.		25.00	
	Jun 15	Received from U. V.		75.00	
	Jul 1	Received from W. X.		100.00	
	Jul 15	Received from Y. Z.		50.00	
	Aug 1	Received from A. B.		25.00	
	Aug 15	Received from C. D.		75.00	
	Sep 1	Received from E. F.		100.00	
	Sep 15	Received from G. H.		50.00	
	Oct 1	Received from I. J.		25.00	
	Oct 15	Received from K. L.		75.00	
	Nov 1	Received from M. N.		100.00	
	Nov 15	Received from O. P.		50.00	
	Dec 1	Received from Q. R.		25.00	
	Dec 15	Received from S. T.		75.00	
	Total			1800.00	

Table 4. (b) COMPARATIVE SENSITIVITY TO THE PATCH TEST.

Age Group		Free Govt. Schools				Paying Schools			
		1 Plus	2 Plus	3 Plus	Total	1 Plus	2 Plus	3 Plus	Total
5-9	Positive Reactors	68	42	7	117	45	18	1	64
	% of Total Positives	58%	36%	6%		70%	28%	2%	
10-14	Positive Reactors	133	67	18	218	140	40	3	183
	% of Total Positives	61%	31%	8%		77%	21%	2%	
15-19	Positive Reactors	54	26	5	85	79	13	2	94
	% of Total Positives	63%	31%	6%		84%	14%	2%	
All Age Groups	Positive Reactors	255	135	30	420	264	71	6	341
	% of Total Positives	61%	32%	7%		78%	20%	2%	

Table 5. RADIOLOGICAL FOLLOW-UP OF POSITIVE REACTORS : EUROPEAN CHILDREN : ACCORDING TO AGE AND SOCIAL STATUS.

(a) ACTIVE DISEASE.

Age Group		Free Govt. Schools			Paying Schools		
		M	F	T	M	F	T
5 - 9	Number Screened	42	61	103	36	24	60
	No. Active :- Primary	-	-	-	-	-	-
		-	1	1	-	-	-
	Total Active	-	1	1	-	-	-
	% Active	-	1.6	1%	-	-	-
10 - 14	Number Screened	94	112	206	72	93	165
	No. Active :- Primary	1	1	2	-	-	-
		-	-	-	-	-	-
	Total Active	1	1	2	-	-	-
	% Active	1	1	1%	-	-	-
15 - 19	Number Screened	51	24	75	38	55	93
	No. Active :- Primary	-	-	-	-	-	-
		-	-	-	-	1	1
	Total Active	-	-	-	-	1	1
	% Active	-	-	-	-	1.8	1.2%
All Age Groups	Number Screened	187	197	384	146	172	318
	No. Active :- Primary	1	1	2	-	-	-
		-	1	1	-	1	1
	Total Active	1	2	3	-	1	1
	% Active	0.6	1	0.8%	-	0.6	0.3%

Table 5. (b) CALCIFICATIONS IN THE LUNGS AND HILAR GLANDS. EUROPEANS ONLY.

Age Group		Free Government Schools			Paying Schools		
		M	F	T	M	F	T
5 - 9	No. Screened	42	61	103	36	24	60
	Calcifications found in	11	10	21	6	2	8
	% with Calcifications	26.2	16.4	20%	16.7	8.3	13%
10 - 14	No. Screened	94	112	206	72	93	165
	Calcifications found in	19	9	28	12	2	14
	% with Calcifications	20.2	8	14%	16.7	2.1	9%
15 - 19	No. Screened	51	24	75	38	55	93
	Calcifications found in	6	3	9	4	-	4
	% with Calcifications	11.8	12.5	12%	10.5	-	4.3%
All Age Groups	No. Screened	187	197	384	146	172	318
	Calcifications found in	36	22	58	22	4	26
	% with Calcifications	19.3	11.2	15%	15	2.3	8%

10

[illegible]

(4) VENEREAL DISEASE. (Pages 52 - 60)

(a)(b) Clinics for all races are held once weekly at Grey's
& (c) Hospital and are conducted by the Medical Officer of Health and the Assistant Medical Officer of Health. One European Health Visitor, 2 Native Nurses, 1 Native Orderly and 3 Native Health Assistants, assist at the Female Clinics, while the Health Visitor, a European Male Nurse, a Native Orderly and 3 Native Health Assistants assist at the Male Clinics. Two Native Health Assistants devote their full time to Venereal Diseases. The European Male Nurse, one Native Nurse and the Native Orderly are from the Staff of the Non-European Venereal Diseases Hospital, thus providing an effective link between the Clinic and the Venereal Diseases Hospital.

(d) Every effort is made to trace contacts and to follow-up cases to ensure completion of treatment. A European Health Visitor deals with the investigation and follow-up of European, Coloured and Asiatic cases.

It has been found that the Health Visitor is quite readily able to deal with the Male and Female cases, and to achieve useful results in all of the races in regard to improved attendance of defaulters at the Clinics. In the European and Coloured Males, particularly, it is being found that information about contacts given is so vague that in only a few cases has it been possible to reach an infected contact. This appears to be deliberate in a number of cases, but in other cases, appears to be genuinely due to the casual nature of the contact.

(e) This Local Authority does not conduct the Ante-Natal Clinics held in Pietermaritzburg. The Medical Superintendent, Grey's Hospital, advises that the results of routine Wassermann Tests at the Ante-Natal Clinics are as follows :-

	Percentage of Positive Results			
	European	Native	Coloured	Asiatic
Jan. 1945 - June 30th, 1945	4.2%	4.4%	13.4%	3.8%

(f) The average attendance of patients suffering from venereal disease at the Clinics was as follows :-

	EUROPEAN				NATIVE				COLOURED				ASIATIC			
	Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1943-44	14.1	3.7	2.5	6.7	3.6	2.8	2.9	4.1	2.7	6.1	2.4	2.6	3.5	3.5	7.3	1.1
1944-45	7.6	11.2	3.5	7.0	2.8	7.7	4.7	6.7	7.5	11.2	16.2	8.9	7.7	9.3	9.0	8.0

These figures are arrived at by dividing the total number of Clinic attendances for the year by the number of patients who attended the Clinics during the year.

(g) A further increase in Clinic attendances has been recorded, there being 18,813 attendances during the year as compared with last year's total of 18,034. 2210 Home visits were paid to cases of Venereal Disease, as compared with last year's total of 2821. The regular attendance of many of the patients, extending in many cases through 5 and 6 courses of treatment, is largely due to this follow-up work.

EPIDEMIC HOSPITAL (Non-European V.D.)

Admissions to this Hospital totalled 1,523, as compared with 1,539 last year.

The number of Syphilitic cases re-admitted for relapse, who came in from the country districts and stated that /they

(4) VENEREAL DISEASE Cont'd.

they had been unable to continue with regular treatment, although they had been taught the necessity for this at the Epidemic Hospital, because, though they have applied for further treatment, they have not been able to afford the cost of such further treatment, is still disturbingly large.

The most practical solution for this problem is the employment of the semi-intensive methods of treatment, which have now been worked out and which, although requiring rather longer hospitalisation (some 4 - 6 weeks instead of the present average of 2 - 3 weeks) will give a high percentage of cure combined with safety in treatment. In addition, penicillin appears to be promising as an even safer drug for use in intensive treatment. The organisation of this procedure will call for extensive alterations in the Epidemic Hospital. Increased Staff, medical and nursing, and improved facilities are absolutely essential for the application of detailed treatment of this nature. The present hospital, which is of wood and iron and over 50 years old, is unsatisfactory for detailed treatment and the City Council has already under consideration a proposal to build an entirely new and suitable V.D. Hospital. At present this is held up by the fact that this plan is bound up with a decision to rebuild the European Isolation Hospital. It has been recommended to Council that all the Municipal Infectious Diseases hospitalisation be centralised.

(5) PLAGUE.

No case of plague occurred in this locality during the year. Regular inspection of new shops and warehouses in the course of erection has been carried out and their rodent-proofing has been supervised very carefully by this Department. Some progress has also been made in the rodent-proofing of existing premises. During the year a Rodent Officer was appointed for this work and more thorough investigation and control has resulted as a result of this appointment. No rodent work has been carried out on commonage.

(6) OTHER COMMUNICABLE DISEASES:

(I) MALARIA. Control by spotting of larvae and oiling of selected areas has again been carried out during the year in the Borough. The Local Health Commission carried out control work in the Peri-Urban Areas. No Malarial mosquito vectors were discovered inside the Borough this year. No new infections of malaria occurred within the Borough.

The supervision of Trees planted in swampy areas was continued. Further drainage work has been carried out in certain areas, sub-soil drains being laid wherever possible.

No check spraying was carried out this season.

(II) ENTERITIS in children under the age of two years accounted for 63 deaths, 2 European, 40 Native, 6 Coloured and 15 Indian, a considerable increase on last year's total of 29.

(III) MEASLES. There was a moderate prevalence of Measles in Pietermaritzburg during the year. 5 cases were treated in the Isolation Hospital, 1 coming from Out-of-Borough. 90 cases were admitted to the Non-European Infectious Diseases Hospital, 55 being from Out-of-Borough. 1 Native and 1 Coloured death from this disease were reported. (See table on Page 61)

(IV) GERMAN MEASLES. This disease was only slightly prevalent this year and was as usual mild and uncomplicated. Only 2 cases were admitted to the Isolation Hospital.

(V) WHOOPING COUGH. This disease was moderately prevalent during the year. 2 Native deaths were reported from this disease. Immunisation against this disease was commenced at the Infant Welfare Clinics, using a combined Whooping Cough and Diphtheria /vaccine

(6) OTHER COMMUNICABLE DISEASES: Cont'd.

vaccine. (See Page 29)

(7) WATER SUPPLY. (See page

The water supply of Pietermaritzburg is under the control of the City Engineer's Department. It is derived from streams coming from hilly country lying to the west of the Town. From the Storage Dam at Henley the water is piped to the Purification Works, where it is treated with Ammonium Sulphate, Lime, and Alumina-ferric before filtration. After filtration the water is chlorinated before being distributed to the four service reservoirs.

The supply from the Purification Works and each of the service reservoirs has been bacteriologically examined each week by the bio-chemist in charge of the Purification Works. The use of Chloramine for water purification was not resumed because it was not possible to obtain supplies of Ammonium Sulphate. All employees at the Purification Works have been Vi Tested and this examination is now routine with such employees.

Early in November a sudden outbreak of Diarrhoea and Enteritis in the boarding establishment of a Girls' School, was investigated. No article of food could be incriminated but sampling of water revealed an unusually high Coli Count (5, 9, and 16). As the Service Reservoir of the area showed a Nil Count, a local pollution was considered to be the cause. Cases of Enteritis, however, developed in the adjoining area, a total of 30 persons being affected out of a population of 382 involved. Check Coli Counts revealed B. Coli in one main line supply. Superchlorination of the line and service reservoir rapidly restored the position to normal.

There were no fatal cases and the illness was not severe in any of the cases.

Outside of the area affected there were a small number of cases scattered over the town, but not more than were usual at this time of the year.

The contamination was probably due to a burst in the main which had been detected and repaired a short while prior to the outbreak.

(8) NIGHTSOIL AND REFUSE DISPOSAL.

The administration of this work is in the hands of the City Engineer. The greater part of the Town and Suburbs is served by water-borne sewage, although the conservancy system is still in use in certain outlying parts. Disposal is on the sewage farm about 3 miles from the centre of the Town, where broad irrigation is carried out and the screenings and nightsoil are trenched. The acquisition of adjoining land in order to extend the area available for sewage disposal has been decided upon by the City Council.

(9) MEAT SUPPLIES. (Pages 68 - 69)

All slaughtering is carried out at the Municipal Abattoir, which is under the direct control of this Department. Butchers' shops are periodically inspected to ensure that they are satisfactory and that no meat which does not bear the Municipal stamp is exposed for sale. 73 inspections of butchers' shops were made. A list of meat, fish and fowl condemned after inspection is shown on pages 66 - 67)

The Abattoir Manager reports that during the year 41,964 animals were slaughtered, i.e. a further drop on last year's reduced total of 54,285. The continuation by the Government of a meatless day, rationing of supplies and control because of shortage of supplies were the cause of this drop.

/Despite

(9) MEAT SUPPLIES. Cont'd.

Despite the promise of the Food Controller to provide additional accommodation for the Government Officials now working at the Abattoir, nothing has been done as yet. During the year this Department took over the slaughtering at the Abattoir, when the private firms operating at the Abattoir ceased to carry out this work.

All condemned meat and offal is transported in drums to a privately owned By-Products Plant at Bisley, just outside of Pietermaritzburg. The City Council has decided to build its own By-Products Plant, and has now acquired property adjoining the Abattoir for the purpose of expansion.

ANTHRAX, etc. No cases were reported during the year.

CYSTICERCUS BOVIS & CELLULOSAE ("MEASLES").

The following table shows the number of carcasses infected with "Measles" during the past 5 years :-

	CATTLE			CALVES			PIGS		
	Slaugh-tered	% In-fected	% Con-demned	Slaugh-tered	% In-fected	% Con-demned	Slaugh-tered	% In-fected	% Con-demned
41	9,874	5.06	1.01	827	-	3.86	1,948	-	0.82
42	10,843	5.88	0.91	832	-	4.92	2,514	-	1.47
43	15,500	7.46	0.95	701	-	5.56	2,673	-	1.64
44	10,319	9.96	1.38	818	-	5.86	2,698	-	0.88
45	10,317	9.47	1.21	3,682	3.69	2.36	3,837	2.26	1.88

The higher percentage of cattle infected with "Measles" noted in the last two years is probably due to cattle being drawn (owing to the scarcity of stock) from "Black Areas" (areas highly infected with "measles") which in normal times would have been avoided by local butchers.

(10) MILK SUPPLIES.

The milk supply has been carefully controlled throughout the year. It is derived from 54 producer-distributors, of whom 39 are in the Borough, and 15 Outside the Borough. In addition to these there are 97 producers, 9 Borough and 88 Out-of-Borough, who send their milk to a pasteurization plant from where it is distributed after pasteurization. All these dairymen are registered with this Department and their premises are inspected regularly. Approximately two-thirds of the milk sold in Pietermaritzburg is pasteurised.

(11) OTHER FOOD SUPPLIES. (pages 64-65)

Inspection of foodstuffs exposed for sale at the Market and elsewhere has been carried out regularly and a considerable quantity of unsound food has been condemned (Pages 66-67). Condemned foodstuffs are removed to the refuse tips, made unusable and disposed of by dumping.

Details of all licence applications dealt with by the Department, are reflected in the table on page 70. Owing to alterations in the Municipal Licences Ordinance No. 19/1942 and in the Municipal Trade Licence By-Laws, the routine renewal of all trade licences is no longer submitted to this Department by the Licensing Officer for report. Careful attention is paid to storage conditions, particularly to rodent-proofing, and there is a gradual improvement in this connection. 286 inspections of the Borough Market and 603 inspections of other premises manufacturing or handling food were made. (Page 71).

Food and Drugs Act.

Under the Food, Drugs and Disinfectants Act, 4 samples were taken /and

(11) OTHER FOOD SUPPLIES. Cont'd:

and the results of the analyses were as follows :-

Milk:

No sampling was done as it was not possible to procure suitable bottles for this purpose.

Mince Meat: 2 samples; 1 in accordance with requirements, 1 contained preservative.

Sausage: 2 " ; both " " requirements.

A prosecution was instituted in regard to the Mince Meat sample which was certified by the Government Analyst to contain preservative.

(12) MATERNITY AND CHILD WELFARE. (Page 63)

The European Infantile Mortality Rate rose from last year's figure of 29.09 to 34.2.

The Coloured Infantile Mortality Rate dropped from 134.63 to 86.2.

The Indian Rate dropped from 74.14 to 46.5.

The Native Infantile Mortality Rate was 210. As far as it is possible to ascertain the registration of Native births in Pietermaritzburg is fairly complete now, and the figures obtained should be fairly reliable. This rate is higher than last year's rate of 164.2.

The main causes and age groupings of Infantile Mortality in the different races are shown on pages 43-44.

Gastro-enteritis again assumed first place as a cause of Non-European Infantile Mortality. Prematurity, Bronchitis and Pneumonia were the next most frequent causes of Infantile Mortality for all races.

This Department continued to supply milk to necessitous infants up to the age of 2 years. (See page 63).

Diphtheria immunisation was continued throughout the year as one of the activities of the Infant Welfare Clinics, a total of 448 children being immunised (European : 315; Coloured: 2; Native: 125; Asiatic: 6).

In addition, the use of a combined Diphtheria and Whooping Cough Vaccine was commenced in infants, and of the total given, 71 European, 28, Native and 6 Asiatic infants were immunised against Whooping Cough at the same time as against Diphtheria. 116 Schick Tests were also done in Europeans.

Child Welfare Clinic attendances were as follows :-

	<u>European</u>	<u>Native</u>	<u>Coloured</u>	<u>Indian</u>
1944-1945	5,312	2,774	1,066	3,291

The fall off in numbers was due to the cancellation of all clinics during the Smallpox epidemic.

The Registrar of Vaccination reports the following total of Vaccinations for Pietermaritzburg.

Successful Vaccinations:

Under 2 years of Age : 439
Over 2 " " " : 51

Insusceptible to Vaccination

Over 2 years of Age : 2

Maternal Mortality.

The only deaths recorded were from Puerperal Embolism (1 European), Puerperal Infection (1 Native) and 1 Native death, cause unspecified.

The registration and supervision of all midwives practising in the /Borough

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(12) MATERNITY AND CHILD WELFARE. Cont'd.

Borough has continued throughout the year. 4 inspections of Midwives' Bags have been made.

The Midwifery Training School at Grey's Hospital provides midwifery services for all races in the wards of Grey's Hospital, and district midwifery services in Pietermaritzburg for Europeans, Coloureds and Asiatics. In addition Ante-Natal Clinic services for all races are provided.

The following figures have been supplied by the courtesy of the Medical Superintendent of Grey's Hospital :-

Borough Cases : (From 1st July, 1944 to 30th June, 1945) :-

Ante-Natal Clinic Attendances:

Europeans : 224
Natives : 838
Coloureds : 206
Asiatics : 553
Total : 1,821

District Midwifery Visits:

Europeans: 653
Coloureds: 470
Asiatics : 3,538
Total : 4,661

The Municipal Native Midwife conducted 6 confinements and paid 54 confinement visits during the year.

Pietermaritzburg is a "Prescribed Area" under Section 39(b) of the Medical, Dental & Pharmacy Act No. 13 of 1928, within which no person other than a medical practitioner or a midwife registered under the Act, shall attend any lying-in woman for gain. There is one untrained midwife (an Asiatic) "listed" in Pietermaritzburg, and she conducted 12 confinements in the year.

(13) BY-LAW NOTICES AND PROSECUTIONS. (Pages 71 - 73)

1,027 Notices and formal letters were served regarding breaches of the Borough By-Laws. 37 Prosecutions were initiated in the Magistrate's Court, as detailed on page

(14) OTHER MATTERS OF HEALTH AND SANITATION.

Nursing Homes. The 3 Nursing Homes in the Borough have been inspected during the year.

Complaints from Burgesses. 227 complaints were received and attended to during the year.

Medical Examination of Natives.

Number Examined	Rejected (All Causes)	Rejected (V.D.)	Referred T.B. Clinic	Vaccinated.
Male : 21,842	469 : 2.1%	85 : 0.4%	247 : 1.1%	
Female : 110	18 : 16.4%	9 : 8.2	7 : 6.4%	
Total : 21,952	487 : 2.2%	94 : 0.4%	254 : 1.2%	30,214

Other reasons for Rejection:

Dirty : Male : 92
Scabies : " : 17 : Female : 1
(Impetigo)
(& Septic) : 11
(Sores,)
(Dermati-)
(tis etc.)
Leprosy : 4
(Chicken) : 2
(Pox) : 11 : " : 1
Miscellaneous

/The

(14) OTHER MATTERS OF HEALTH AND SANITATION. Cont'd.

The number of Native female domestic servants coming forward for examination is still very small. The large total of Native Vaccinations is due to the use of the Pass Office as a centre for Native Vaccination on a large scale during the year. The practice of re-vaccinating every person appearing at the Pass Office who did not possess indisputable evidence of recent successful vaccination, was carried out.

Native Village Dispensary:

This Dispensary, which is purely an Outpatient Dispensary, continued to be conducted by this Department. Three sessions are held each week, attended by the Assistant Medical Officer of Health, while a full-time Native Nurse, who lives at the Village, assists at the Clinic, does the necessary dressings and follow-up treatment and visits patients in their homes. This visit is also utilised for the purpose of teaching simple health lessons, e.g. on the subject of cleanliness, nutrition, etc..

Number of new Patients attending Dispensary :	698
Re-attendances at Dispensary	213
Home Visits	4,666
Surgical Dressings	8,631

State-Aided Butter Scheme:

During the year 6,866 lbs. of butter were distributed, 1,351 lbs. to Europeans, 5,515 lbs. to Coloureds.

Health Propaganda:

During the year the following address was given by your Medical Officer of Health :-

1. "The Municipality and the Public Health" - A lecture to the Social Study Group for Senior Scholars of the Natal Schools.

The following addresses were given by your Assistant Medical Officer of Health :-

1. "The Child Welfare Home and the Health of the Pre-school Child" - address at the General Meeting of the Child Welfare Society.
2. A course of lectures on "Hygiene and Health" to a Red Cross Society class.
3. A course of lectures on "Infant and Child Hygiene and Nutrition" to a Red Cross Society Class.

During the year pamphlets on "Poliomyelitis" were distributed to the public, and in addition, a circular letter on the subject of 'Food Poisoning', giving details of the sanitary precautions to be observed in the prevention of this condition, was distributed to all Hotels, Tearooms and Boarding Houses in the City.

(15) STAFF.

The Staff of the Department at the end of June, 1945, was as follows :-

ADMINISTRATIVE AND OFFICE

Medical Officer of Health : M.Maister, B.A., M.B., Ch.B., D.P.H.

Asst. Medical Officer of Health : L.E. Gellman, M.B., Ch.B., D.P.H.,
D.T.M. & H.

Chief Clerk : E. Bastow (Recalled from Active Service)

Junior Clerk : D.C. Johnston (Released from Active Service)

/ Senior Woman Clerical Assistant

(15) STAFF. Cont'd

Senior Woman Clerical Assistant : Miss E.M. Hughes.
 Temporary Junior Clerk.
 Temporary Junior Women Clerical Assistants (2).
 One Native Messenger.

INSPECTORATE.

Chief Health Inspector : J.G. Bigley, Cert. R.S.I.
 Health Inspector (Dairy) : C.F. Wyatt, Cert. R.S.I. Meat & Other
 Foods Cert. R.S.I. (Recalled from Active
 Service)
 Health Inspector : R.E. Bunn, Cert. R.S.I.
 Health Inspector : Mrs. E.A. Thompson, Cert. R.S.I.
 Rodent & Fumigation Officer : K.B. Rasmussen. (On Active Service).
 Temporary Rodent and Fumigation Officer.
 One Indian Fumigation Assistant.

HEALTH VISITING STAFF.

Senior Health Visitor : Miss E.M. McDougall, Health Visitors' Cert.
 (Scotland); Health Visitors' Cert. R.S.I.,
 Mothercraft Certificate (New Zealand).
 Health Visitors : Miss G. Buttery, Health Visitors' Cert.
 R.S.I.
 : Mrs. C.S. Wilken, S.A.M.C. Cert. (General
 and Midwifery)
 : Mrs. R. Browne, S.A.M.C. Cert. (General &
 Midwifery)
 Clinic Clerk : Mrs. C. Butler.

NATIVE NURSING AND HEALTH ASSISTANT STAFF.

Native Nurse and Midwife : Nurse Keziah Mbanjwa. S.A.M.C. Cert.
 (General and Midwifery).
 Native Nurse (Native Village Dispensary) : Nurse Sophia Masongoa,
 Health Visitors' Cert. R.S.I.
 Native Health Assistants : A. Ntombela, G. Skosana and T. Ngubane.

ISOLATION HOSPITAL.

Acting Matron : R.M. Wickenden.
 Special Sisters
 Temporary Sister
 1 Housekeeper
 6 Native domestic servants.
 1 Native Night Watchman.

NON-EUROPEAN INFECTIOUS DISEASES HOSPITAL.

Acting Matron : Mrs. C. Le Steers, S.A.M.C. Cert.
 (General and Midwifery)
 1 Housekeeper
 Native Staff Nurses : 8
 Native Domestic Staff : 13

EPIDEMIC HOSPITAL.

Officer-in-Charge : J.A. Kedian (On Active Service)
 Temporary Officer-in-Charge
 " Housekeeper
 Native Nurses - 2
 Native Orderlies - 3
 Native Domestic Staff - 3

(15) STAFF. Cont'd.

ABATTOIR.

Manager : D.G.B. Lupton, Cert. R.S.I., Meat & Other Foods Cert.
R.S.I.

Meat Inspector: C.W. Reid, Cert. R.S.I., Meat & Other Foods Cert.
R.S.I., (Recalled from Active Service)

Stockyard Foreman: G.A. McIntosh, Cert. R.S.I., Meat & Other Foods
Cert. R.S.I. (On Active Service)

1 Temporary Meat Inspector : H. Dreyer, Cert. R.S.I., Meat & Other
Foods Cert. R.S.I.

Temporary Stockyard Foreman.

(16) PERI-URBAN AREAS.

The Local Health Commission's control in the Edendale and Slang-spruit Area is steadily expanding. The Commission has taken over the Malaria Control of the other peri-urban areas surrounding Pietermaritzburg.

No definite steps have as yet been taken to bring the other smaller peri-urban areas - New England, Ockert's Kraal and Raisethorpe - under control. The Mkondeni settlement has now disappeared, the tenants having left and the shacks having been demolished.

REPORT B.

(1) HOUSING.

Owing to shortage of staff no adequate re-survey of housing needs in Pietermaritzburg has been possible.

The 100 Sub-economic houses being built for Natives at the Native Village will be completed in 1946. Only a very small proportion of the necessary Asiatic housing has been provided (50 sub-economic houses were completed at the beginning of 1940), and so far no sub-economic housing for the European and Coloured population has been provided. The Council European Economic Housing Scheme of 50 houses in the "Gardens" suburb was completed 4 years ago and is continually fully occupied.

Powers under the Borough By-Laws have been exercised very sparingly in dealing with insanitary dwellings owing to present conditions. 2 Dwellings were condemned for demolition under Public Health By-Law 19(b) and 3 dwellings were voluntarily demolished following representations by this Department.

Plans.

All plans of new buildings are submitted to this Department and 260 have been scrutinised. Of these 113 were approved out-right, 124 approved subject to minor alterations and 23 disapproved.

The City Engineer reports that during the year 44 dwellings were erected for Europeans and 6 for Non-Europeans, as compared with last year's total of 33 and 22 the year preceding.

(2) HOUSING OF NATIVES, NATIVE OR ASIATIC LOCATIONS OR BARRACKS.

The Pietermaritzburg Native Village, situated about 3 miles from the Centre of the Town, comprises 354 houses and various public buildings, with a population of about 1,700. Water is supplied by communal standpipes from the Corporation water supply, and sanitation is by the mail system, separate for each house.

There

(2) HOUSING OF NATIVES, NATIVE OR ASIATIC LOCATIONS OR BARRACKS. Cont'd.

There are three Corporation Hostels for single Natives. For Males there is the East Street Hostel (and annexes) housing 399 Natives, and the Ortman Road Hostel with a capacity of 127. The Women's Hostel in Church Street houses 174 women. These Hostels are under the control of the Municipal Native Administration Department, and two European Superintendents are employed. Extensions to the Men's and Women's Hostel have again been under consideration during the year. 132 temporary licences have been granted during the year to house unexempted Natives under the Natives (Urban Areas) Act, pending the provision of more accommodation at the Village and Hostels.

About two-thirds of the Natives resident in the Town are domestic servants, living in quarters provided on the property of their employers. These quarters are the subject of inspections by this Department and in general are satisfactory.

ASIATIC HOUSING.

The Corporation owns two compounds which house the sewage farm workers and the scavenging gangs. These compounds are well constructed in brick, and house respectively 32 and 27 Asiatic labourers, together with their wives and families.

The 50 sub-economic Indian houses completed at the beginning of 1940 have been fully occupied continuously. The Health Visitor paid 1,809 visits in supervising this Scheme.

(3) REMARKS AND RECOMMENDATIONS, AND HOUSING MATTERS OF SPECIAL IMPORTANCE REQUIRING ATTENTION.

A summary of the results of the various Slum surveys made since 1939, in this City, shows the following :-

Europeans :	25	houses	required.
Coloureds :	43	"	"
Natives :	200	"	"
Asiatics :	350	"	"

During 1944 an estimate was made independently of any survey, utilising the figures available of occupied houses and of voters in the case of Europeans and Coloured, and the number of rooms occupied and the estimated average of persons per room (based on a recent survey by this Department) in the case of Asiatics. The figure for Natives was arrived at in collaboration with the Manager of the Native Administration Department from local knowledge.

The figures estimated by these methods were on the whole similar to those arrived at by the previous Surveys and were as follows :-

Europeans and Coloureds	:	100	houses
Asiatics	:	240	"
Natives	:	300	"

In April, 1945, Municipal Census forms were distributed in Pietermaritzburg for the purpose of the Burgess Roll, and in an attempt to estimate the present day housing requirements, a questionnaire was circulated at the same time. An arbitrary standard, the Manchester Standard was utilised in the assessment of the returns. This is a widely recognised standard, viz. $2\frac{1}{2}$ population units per bedroom (a child under the age of 10 counting as $\frac{1}{2}$ a unit), and corresponds quite well to the Maritzburg standards of 100 sq. ft. as the minimum floor space permitted a room under the Building By-Laws, and the requirement of 40 sq. ft. floor space per adult occupant.

The following results were obtained as a result of the Questionnaire :-

ANALYSIS OF REPLIES TO HOUSING QUESTIONNAIRE (CIRCULATED APRIL, 1945).

PLEASE NOTE: 1. The Standard of overcrowding adopted is the Manchester Standard, viz: $2\frac{1}{2}$ units of population per bedroom.

/(A

(3) REMARKS AND RECOMMENDATIONS, AND HOUSING MATTERS OF SPECIAL IMPORTANCE REQUIRING ATTENTION. Cont'd.

(A child under the age of 10 counts as $\frac{1}{2}$ unit).

2. The analysis is only accurate in as far as the forms are accurately completed by the recipients.

	Eur:	Nat:	Col:	As:
1. TOTAL HOUSES.	3536	4	39	191
2. No. of Houses Overcrowded	98	-	14	104
3. No. of population units constituting overcrowding	169	-	29 $\frac{1}{2}$	250 $\frac{1}{2}$
4. No. of Houses overcrowded where overcrowding) will be reduced by probable departures.)	20	-	-	4
5. No. of population units probably leaving P.M.Burg	33	-	1 $\frac{1}{2}$	14 $\frac{1}{2}$
6. No. of Houses holding more than 1 family . .	324	-	5	52
7. No. of families in excess of 1 per house com- prised in 6.	383	-	7	84
8. No. of families in excess of 1 per house probably leaving Pietermaritzburg	113	-	-	4

No. of Hotels and Boarding Houses submitting Returns
(not included in analysis above) : 53

No. of Businesses submitting Returns. (Not included)
(in analysis above) : 8

Spoilt Returns : 12

TOTAL RETURNS : 3749

No exact or authoritative conclusions can be drawn from a survey of this nature, but it is felt that the following conclusions were justified :-

(1) The European returns are estimated to comprise about 70% of the total possible returns, and therefore are worthy of analysis.

(2) Natives were not reached at all by this method of survey.

(3) The Coloured and Asiatic populations are not at all adequately surveyed, but the relatively high proportion of overcrowding both as to houses and population units in the returns submitted, is felt to be significant, and the large proportion of houses holding more than 1 Asiatic family is probably also significant.

An examination of the European figures suggests the following:-

(a) There is definite overcrowding amongst the European population surveyed, though not as much as was anticipated. This would probably be relieved by the provision (on the basis of 5 persons per house) of about 27 houses, or pro rata, about 40 for the whole population.

(b) Accepting a single family to a house as a General European standard of living, there is a large number of families "doubling or trebling up" in houses; 270 in the Return. This excludes probable departures, but does not exclude a number of dwellings (exact total unknown), which have been suitably subdivided into Flats to hold 2 or perhaps 3 families. Boarding Houses and Hotels are excluded, and probably there are a number of families in these who also desire their own separate houses. Probably therefore 250 houses would be a conservative estimate of additional houses required by the portion of the population surveyed, or pro rata, say 360 for the whole population.

/(c) In

(3) REMARKS AND RECOMMENDATIONS, AND HOUSING MATTERS OF SPECIAL IMPORTANCE REQUIRING ATTENTION. Cont'd.

(c) In considering the question of accommodation for returning soldiers, it must be remembered that they may possibly be included in the group of families described under paragraph (b).

The survey gives no information as to the economic status of the families affected and thus no information as to whether they can or will be catered for by private building interests, or even whether they desire to purchase homes or merely to rent them. Such information can only be obtained by detailed house-to-house visitation and enquiry.

During the years 1937-1942, the average yearly total of new houses built for Europeans in Pietermaritzburg (all economic) was 68.

During the year the City Council resolved to proceed with the following housing schemes :-

- [illegible]

It is hoped that these houses will be completed by the end of 1946.

No decision has been taken as regards the provision of Asiatic Housing as agreement on the question of a suitable suite for such housing has not yet been arrived at.

The 100 additional houses being built by Native labour at the Native Village are now nearing completion and should all be completed by April, 1946. The City Council has resolved to build a further 100 houses at the Village when this batch is completed.

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D E A T H S.

	European			Native			Coloured			Asiatic		
	Residents			Residents			Residents			Residents		
	M	F	P	M	F	P	M	F	P	M	F	P
1) <u>Infectious and Parasitic Diseases</u>												
01. Typhoid Fever	1	0	1	3	2	5	1	0	1	0	4	4
11. Whooping Cough	0	0	0	0	2	2	0	0	0	0	0	0
12. Diphtheria	1	2	3	0	0	0	0	0	0	0	0	0
14. Tetanus	1	0	1	1	0	1	0	0	0	0	0	0
<u>Tuberculosis of :-</u>												
15. Respiratory System	2	1	3	9	5	14	2	2	4	2	9	11
16. Central Nervous System	0	0	0	0	0	0	1	1	2	1	2	3
17. Intestines & Peritoneum.	0	0	0	2	0	2	0	0	0	1	0	1
18. Vertebrae Column	0	0	0	0	0	0	0	0	0	0	0	0
21. Lymphatic System	0	0	0	0	0	0	0	0	0	0	0	0
23. Other Organs	0	0	0	0	0	0	0	0	0	0	0	0
24. T.B. Acute Miliary	0	0	0	1	0	1	0	0	0	1	0	1
25. T.B. Chronic Miliary..	0	0	0	0	0	0	0	0	0	0	0	0
32. Bacillary Dysentery	0	0	0	0	3	3	0	0	0	0	0	0
33. Amoebic Dysentery	0	0	0	0	2	2	0	0	0	0	0	0
35. Other & unspecified forms of Dysentery	0	0	0	0	1	1	0	0	0	1	1	2
<u>Syphilis :-</u>												
40. Locomotor ataxia	0	0	0	0	0	0	0	0	0	0	0	0
41. General paralysis of the insane	0	0	0	0	0	0	0	0	0	0	0	0
42. Aneurysma of the Aorta.	1	0	1	1	0	1	0	0	0	0	0	0
43. Congenital Syphilis	0	0	0	0	0	0	0	0	0	0	0	0
44. Other Forms	1	0	1	0	0	0	0	0	0	0	0	0
45. Relapsing Fever	0	0	0	0	0	0	0	0	0	0	0	0
48. Influenza with Respiratory Complications	0	0	0	1	0	1	0	0	0	1	0	1
49. Influenza without Respiratory Complications	0	1	1	0	0	0	0	0	0	1	0	1
50. Smallpox	3	6	9	3	3	6	0	0	0	0	0	0
52. Measles	0	0	0	1	0	1	0	1	1	0	0	0
53. Acute Poliomyelitis & poliomyelitis	3	3	6	0	0	0	0	0	0	1	0	1
52. Louse-borne Typhus	0	0	0	0	0	0	0	0	0	0	0	0
57. Hydatid disease	0	0	0	0	0	0	0	0	0	0	0	0
60. Nematodes, round	0	0	0	0	0	0	0	0	0	0	1	1
65. Pernicious lymphogranulomatosis	1	0	1	0	0	0	0	0	0	0	0	0
TOTAL : C/Forward	14	13	27	22	18	40	4	4	8	9	17	26

The Detailed International List of Causes of Death as adapted for use in the Union of South Africa (fifth Decennial Revision by the International Commission) is used. The omission of any cause indicates no deaths were registered for that cause.

DEATHS. Cont'd.

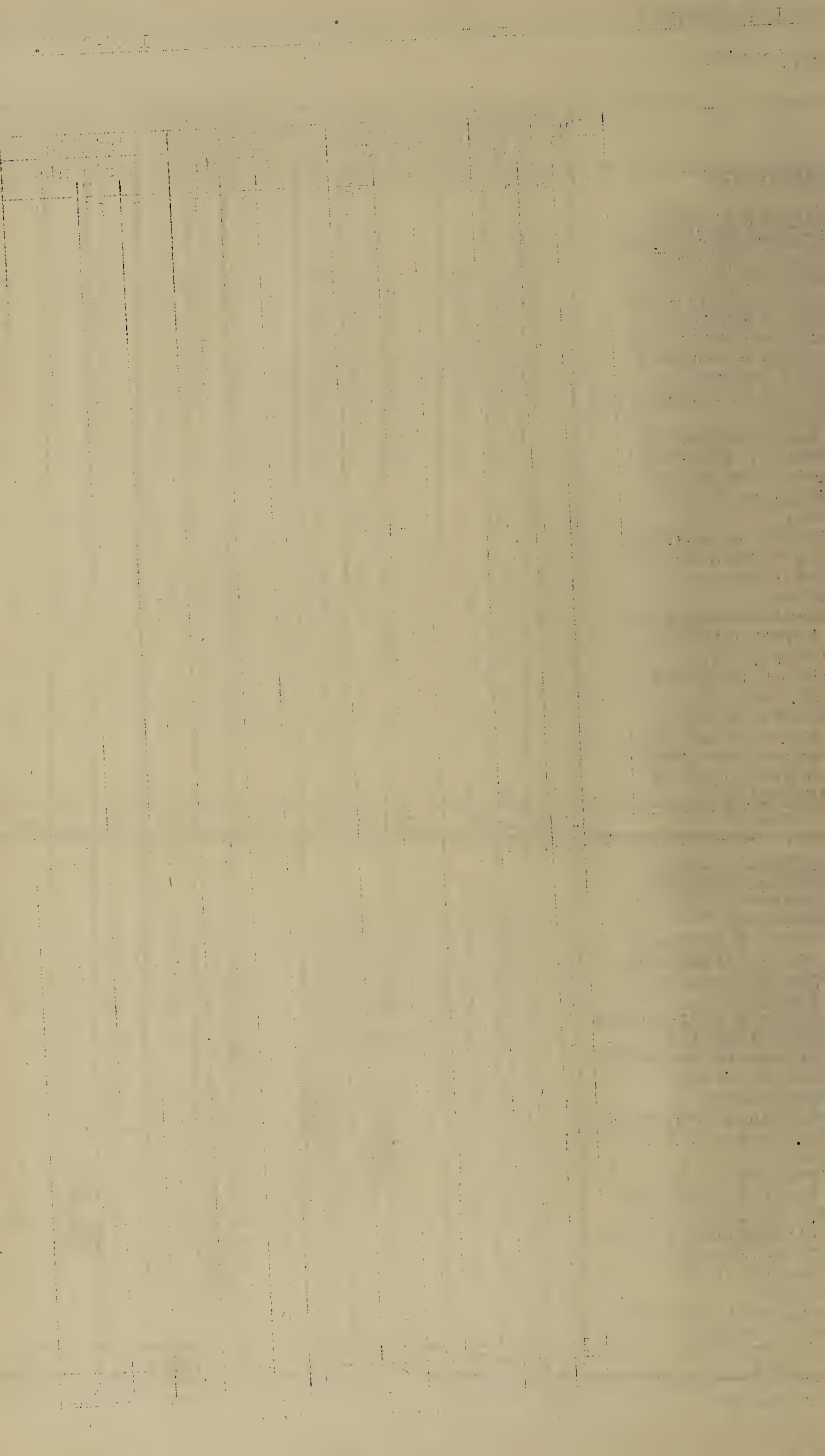
	European			Native			Coloured			Asiatic		
	Residents			Residents			Residents			Residents		
	M	F	P	M	F	P	M	F	P	M	F	P
Total B/Forward	14	13	27	22	18	40	4	4	8	9	17	26
(2) <u>Cancer and Other Tumours</u>												
00. Buccal Cavity	1	1	2	0	0	0	0	0	0	0	0	0
01. Oesophagus	0	0	0	0	0	0	0	0	0	0	0	0
02. Stomach & duodenum	1	2	3	0	0	0	0	2	2	1	0	1
03. Rectum	0	0	0	0	0	0	0	0	0	0	0	0
04. Liver	1	0	1	0	0	0	0	0	0	1	0	1
06. Oth. Digestive Organs (including peritoneum)	0	3	3	0	0	0	0	0	0	0	0	0
07. Larynx	0	0	0	0	0	0	0	0	0	1	0	1
09. Lung	0	0	0	1	0	1	0	0	0	2	0	2
10. Uterus	0	2	2	0	0	0	0	0	0	0	0	0
11. Oth. Female Genital Organs	0	2	2	0	0	0	0	0	0	0	0	0
12. Breast	0	6	6	0	0	0	0	0	0	0	1	1
13. Prostate	3	0	3	0	0	0	0	0	0	0	0	0
16. Skin	1	0	1	0	0	0	0	0	0	0	0	0
17. Brain & Nervous System	1	2	3	0	1	1	0	0	0	0	0	0
18. Bones	0	0	0	0	0	0	0	0	0	0	0	0
<u>Tumours of undetermined nature.</u>												
35. Brain & other parts of Nervous System	0	0	0	0	0	0	0	0	0	1	0	1
TOTAL: Group 2	8	18	26	1	1	2	0	2	2	6	1	7
(3) <u>Rheumatism, Dis. of Nutrition etc.</u>												
52. Diabetes	0	3	3	0	0	0	0	0	0	2	0	2
57. Other Diseases of Thyroid glands	0	0	0	0	0	0	0	0	0	0	0	0
58. Diseases of Parathyroid glands	0	0	0	0	0	0	0	0	0	0	0	0
63. Malnutrition	1	0	1	5	2	7	0	0	0	1	0	1
67. Beri-Beri	0	0	0	0	1	1	0	0	0	0	0	0
68. Pellagra	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL : Group 3	1	3	4	5	3	8	0	0	0	3	0	3
(4) <u>Diseases of the Blood</u>												
00. Primary Purpura	0	0	0	0	0	0	0	0	0	0	0	0
04. Other hyperchromic anaemias	0	0	0	1	0	1	0	0	0	0	0	0
05. Hypochromic Anaemia	0	0	0	0	0	0	0	0	0	0	0	0
06. Other & unspecified Anaemias	0	0	0	0	0	0	0	0	0	0	0	0
<u>Leukaemias -</u>												
07. Leukaemic	0	0	0	0	0	0	0	0	0	0	0	0
09. Splenic Anaemia	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL : Group 4	0	0	0	1	0	1	0	0	0	0	0	0
(5) <u>Chronic Poisoning & Intoxication</u>												
58. Unspecified poisoning	0	0	0	0	0	0	0	0	0	1	0	1
TOTAL : Group 5	0	0	0	0	0	0	0	0	0	1	0	1
Total c/Forward	23	34	57	29	22	51	4	6	10	19	18	37

DEATHS. Cont'd.

	European Residents			Native Residents			Coloured Residents			Asiatic Residents		
	M	F	P	M	F	P	M	F	P	M	F	P
al B/Forward	23	34	57	29	22	51	4	6	10	19	18	37
1) <u>Diseases of the Nervous System</u>												
Intra-cranial abscess	0	0	0	1	0	1	0	0	0	0	1	1
Other Forms	0	0	0	0	0	0	0	0	0	0	0	0
Pneumococcal Meningitis	1	1	2	0	0	0	0	0	0	0	0	0
Other Forms of Meningitis	0	0	0	0	0	0	0	0	0	1	0	1
Cerebral Haemorrhage	5	7	12	1	1	2	0	0	0	6	1	7
Cerebral embolism & thrombosis	0	2	2	0	1	1	0	0	0	1	1	2
Hemiplegia & other paralysis of unstated origin	0	0	0	0	0	0	0	0	0	1	0	1
Mental disorders & deficiency	0	0	0	0	0	0	0	0	0	0	0	0
Epilepsy	1	0	1	1	0	1	0	1	1	0	0	0
Convulsions in children under five years of age	0	0	0	0	0	0	0	0	0	1	0	1
Paralysis agitans	1	0	1	0	0	0	0	0	0	0	0	0
Other Dis. of the Nervous System	0	0	0	0	0	0	0	0	0	0	0	0
TAL : Group 6	8	10	18	3	2	5	0	1	1	10	3	13
7) <u>Diseases of the Circulatory System</u>												
Acute endocarditis	0	0	0	1	0	1	0	0	0	0	0	0
Valvular disease - Rheumatic	0	1	1	0	0	0	0	0	0	2	0	2
Valvular dis. others	1	0	1	0	0	0	0	0	0	0	0	0
Acute myocarditis	1	3	4	0	1	1	0	1	1	2	0	2
Chronic " - rheumatic	0	2	2	0	0	0	0	0	0	0	0	0
Other chronic myocarditis	14	4	18	2	1	3	3	2	5	4	4	8
Dis. of the coronary arteries & angina pectoris	14	11	25	2	1	3	0	1	1	4	0	4
Aneurysm, except of heart & aorta	0	0	0	0	0	0	0	0	0	0	0	0
Arterio sclerosis	3	4	7	0	0	0	0	0	0	0	1	1
Other dis. of the arteries	0	0	0	0	0	0	0	0	0	0	0	0
Diseases of the Veins	0	0	0	0	0	0	0	0	0	0	0	0
High blood Pressure	2	5	7	0	1	1	1	2	3	2	0	2
Other diseases of the circulatory system.	0	0	0	0	0	0	0	0	0	0	0	0
TAL : Group 7	35	30	65	5	4	9	4	6	10	14	5	19
tal C/Forward	66	74	140	37	28	65	8	13	21	43	26	69

DEATHS. Cont'd.

	European			Native			Coloured			Asiatic		
	Residents			Residents			Residents			Residents		
	M	F	P	M	F	P	M	F	P	M	F	P
Total B/Forward	66	74	140	37	28	65	8	13	21	43	26	69
8) <u>Diseases of the Respiratory System.</u>												
0. Dis. of the nasal fossae & annexa	0	0	0	0	0	0	0	0	0	0	0	0
1. Dis. of the larynx	0	0	0	0	0	0	0	0	0	0	0	0
2. Acute Bronchitis	0	1	1	0	0	0	0	1	1	0	0	0
3. Chronic Bronchitis	3	1	4	0	0	0	0	0	0	0	0	0
4. Broncho Pneumonia	7	3	10	13	8	21	1	0	1	3	3	6
5. Lobar Pneumonia	2	1	3	8	2	10	2	1	3	4	1	5
6. Pneumonia Unspecified	0	2	2	1	1	2	0	0	0	0	0	0
7. Empyema	0	1	1	0	0	0	0	0	0	0	0	0
8. Other unspecified forms of pleurisy	0	0	0	0	0	0	0	0	0	0	0	0
9. Haemorrhagic infarction of the lungs	2	1	3	0	1	1	0	0	0	0	0	0
0. Chronic or unspecified congestion of the lungs	1	3	4	1	0	1	0	0	0	1	0	1
1. Asthma	1	1	2	1	0	1	0	0	0	1	0	1
2. Pulmonary emphysema	0	0	0	0	0	0	0	0	0	0	0	0
3. Miners' phthisis, without T.B.	0	0	0	0	0	0	0	0	0	0	0	0
4. Miners' phthisis, with T.B.	0	0	0	0	0	0	0	0	0	0	0	0
7. Abscess of Lung	0	0	0	0	0	0	0	0	0	0	0	0
8. Other dis. of the respiratory system not specified as occupational.	2	0	2	0	0	0	0	0	0	0	0	0
TOTAL : Group 8	18	14	32	24	12	36	3	2	5	9	4	13
9) <u>Diseases of the Digestive System</u>												
4. Diseases of the oesophagus	1	0	1	0	0	0	0	0	0	0	0	0
5. Ulcers of Stomach	2	0	2	0	0	0	0	0	0	1	0	1
6. " " Duodenum	0	1	1	0	0	0	0	0	0	0	0	0
7. Other diseases of stomach	0	1	1	0	0	0	0	0	0	0	0	0
8. Diarrhoea & Enteritis (under 2 years)	1	1	2	21	19	40	4	2	6	9	6	15
9. Diarrhoea & Enteritis (over 2 years)	0	0	0	1	5	6	0	0	0	2	2	4
1. Appendicitis	1	0	1	0	0	0	1	0	1	1	0	1
3. Intestinal obstruction	1	0	1	0	0	0	0	0	0	0	0	0
5. Other dis. of Intestines	0	0	0	0	0	0	0	0	0	0	0	0
7. Cirrhosis of liver without alcoholism	1	0	1	0	0	0	0	0	0	1	1	2
9. Oth. dis. of Liver	0	1	1	0	0	0	0	0	0	0	0	0
1. Cholecystitis without Biliary Calculi	0	1	1	0	0	0	0	0	0	0	0	0
2. Diseases of the Pancreas	1	0	1	0	0	0	0	0	0	0	0	0
3. Peritonitis without stated cause.	0	1	1	0	0	0	0	0	0	0	0	0
TOTAL : Group 9	8	6	14	22	24	46	5	2	7	14	9	23
Total C/Forward	92	94	186	83	64	147	16	17	33	66	39	105



DEATHS. Cont'd.

	European Residents			Native Residents			Coloured Residents			Asiatic Residents		
	M	F	P	M	F	P	M	F	P	M	F	P
TOTAL B/Forward	92	94	186	83	64	147	16	17	33	66	39	105
10) <u>Diseases of the Urinary & Genital Systems</u>												
00. Acute nephritis	0	0	0	0	0	0	0	0	0	0	1	1
01. Chronic nephritis	2	0	2	1	0	1	0	1	1	2	1	3
02. Nephritis unspecified	0	0	0	0	0	0	0	0	0	0	3	3
03. Pyelitis	2	0	2	0	0	0	0	1	1	0	1	1
04. Oth. dis. of Kidneys	1	0	1	0	0	0	0	0	0	0	0	0
06. Cystitis	0	1	1	1	0	1	0	0	0	0	0	0
08. Dis. of the urethra, urinary abscess, etc.	0	1	1	0	0	0	0	0	0	0	0	0
09. Hypertrophy prostate	2	0	2	0	0	0	0	0	0	2	0	2
14. Dis. of the Breast	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL: Group 10	7	2	9	2	0	2	0	2	2	4	6	10
11) <u>Diseases of Pregnancy</u>												
50. Post abortive infection Spontaneous, therapeutic or of unspecified origin	0	0	0	0	0	0	0	0	0	0	0	0
52. Abortion without mention of septic conditions - Spontaneous, therapeutic or of unspecified origin	0	0	0	0	0	0	0	0	0	0	0	0
54. Ectopic gestation	0	0	0	0	0	0	0	0	0	0	0	0
58. Eclampsia of pregnancy	0	0	0	0	0	0	0	0	0	0	0	0
59. Albuminuria & nephritis of pregnancy	0	1	1	0	0	0	0	0	0	0	0	0
60. Acute yellow atrophy of Liver associated with pregnancy	0	0	0	0	0	0	0	0	0	0	0	0
62. Oth. dis. & accidents of pregnancy	0	0	0	0	0	0	0	0	0	0	0	0
66. Oth. haemorrhages after childbirth.	0	0	0	0	0	0	0	0	0	0	0	0
67. General or local puerperal infection	0	0	0	0	1	1	0	0	0	0	0	0
69. Puerperal Embolism	0	1	1	0	0	0	0	0	0	0	0	0
75. Other or unspecified dis. of childbirth and puerperal	0	0	0	0	1	1	0	0	0	0	0	0
TOTAL : Group 11	0	2	2	0	2	2	0	0	0	0	0	0
12) <u>Diseases of the Skin and Cellular Tissue.</u>												
00. Carbuncle, boils	0	0	0	0	0	0	0	1	1	0	0	0
01. Cellulitis	0	0	0	1	0	1	0	0	0	0	0	0
02. Oth. dis. of the Skin	0	0	0	0	0	0	0	0	0	0	1	1
TOTAL : Group 12	0	0	0	1	0	1	0	1	1	0	1	1
13) <u>Diseases of Bones</u>												
50. Osteomyelitis & periostitis	1	0	1	0	0	0	1	0	1	0	0	0
51. Oth. dis. of bones	1	0	1	0	0	0	0	0	0	0	0	0
52. Dis. of the Joints	0	1	1	0	0	0	0	0	0	0	0	0
TOTAL : Group 13	2	1	3	0	0	0	1	0	1	0	0	0
14) <u>Congenital Malformations</u>												
00. Congenital hydrocephalus	0	0	0	0	0	0	0	0	0	1	0	1
02. Congenital Malformation of heart	1	0	1	1	0	1	0	0	0	1	0	1
08. Oth. stated congenital malformations	0	3	3	0	0	0	0	0	0	0	1	1
TOTAL : Group 14	1	3	4	1	0	1	0	0	0	1	1	2
	102	102	204	87	66	153	17	20	37	71	47	118

DEATHS. Cont'd.

	European Residents			Native Residents			Coloured Residents			Asiatic Residents		
	M	F	P	M	F	P	M	F	P	M	F	P
Total B/Forward	102	102	204	87	66	153	17	20	37	71	47	118
(15) <u>Dis. Peculiar to the 1st Yr. of Life.</u>												
750. Congenital debility	0	0	0	0	2	2	0	0	0	2	2	4
751. Premature Birth	3	3	6	4	4	8	0	1	1	2	2	4
752. Injury at birth - Intra-cranial haem.	0	0	0	5	1	6	1	0	1	0	1	1
753. Other birth injuries	1	0	1	0	0	0	0	0	0	0	0	0
754. Asphyxia during or after birth	0	0	0	0	0	0	0	1	1	0	0	0
758. Other Specified dis.	0	0	0	2	1	3	0	0	0	0	0	0
TOTAL : Group 15	4	3	7	11	8	19	1	2	3	4	5	9
(16) <u>Senility</u>												
800. Senility	3	9	12	0	0	0	0	0	0	4	1	5
TOTAL : Group 16	3	9	12	0	0	0	0	0	0	4	1	5
(17) <u>Violent or Accidental Deaths.</u>												
850. Suicide by corrosive substances	1	0	1	0	0	0	0	0	0	0	0	0
852. Oth. or unspecified solid or liquid poisons	0	0	0	0	0	0	0	0	0	1	0	1
858. Firearms & explosives	3	0	3	0	0	0	0	0	0	0	0	0
865. Homicide by firearms	0	0	0	1	0	1	0	0	0	0	0	0
866. Homicide by cutting or piercing instruments	0	0	0	2	1	3	0	0	0	0	0	0
867. Homicide by other or unspecified means	0	0	0	4	1	5	0	0	0	0	0	0
871. Other accidents	1	0	1	0	0	0	1	0	1	0	0	0
889. Oth. acute accidental poisoning (not by gas)	0	0	0	0	0	0	0	1	1	0	0	0
891. Accidental burns	0	0	0	0	0	0	0	0	0	2	0	2
893. Accidental drowning	1	0	1	1	0	1	0	0	0	0	1	1
895. Accidental injury by cutting or piercing instruments	0	0	0	0	0	0	0	0	0	0	0	0
896. Accidental injury by fall	1	0	1	0	0	0	0	0	0	0	0	0
899. Injury by animals												
904. Oth. accidents due to electric currents	0	0	0	0	0	0	0	0	0	0	0	0
906. Anaesthetic accidents	1	0	1	0	0	0	0	0	0	0	1	1
908. Oth. & unspecified accidents	0	0	0	0	0	0	0	0	0	0	0	0
910. From wounds	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL : Group 17	8	0	8	8	2	10	1	1	2	3	2	5
(18) <u>Ill-Defined Causes of Death</u>												
951. Ill-defined causes	0	0	0	3	0	3	2	0	2	1	0	1
952. Found dead, cause unknown	0	0	0	0	0	0	0	0	0	0	0	0
953. Other deaths from unknown or unspecified causes.	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL : Group 18	0	0	0	3	0	3	2	0	2	1	0	1
TOTAL	117	114	231	109	76	185	21	23	44	83	55	138

INFANTILE MORTALITY

(Under 1 Year)

CAUSES OF DEATH

	European			Native			Coloured			Asiatic			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
001. Typhoid Fever	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1
015. T.B. of Respiratory System	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
016. T.B. of Central Nervous System	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
050. Smallpox	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
052. Measles	0	0	0	1	0	1	0	1	1	0	0	0	1	1	2
163. Malnutrition	0	0	0	3	1	4	0	0	0	1	0	1	4	1	5
310. Convulsions in children under 5 years of age.	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
402. Acute bronchitis	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
404. Broncho pneumonia	3	1	4	2	2	4	0	0	0	2	1	3	4	3	7
405. Lobar pneumonia	0	1	1	1	1	2	0	0	0	2	0	2	3	1	4
407. Empyema	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
458. Diarrhoea and Enteritis	0	1	1	10	12	22	2	1	3	5	3	8	17	16	33
602. Other dis. of the Skin	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
700. Congenital hydrocephalus	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
702. Congenital malformation of the heart	1	0	1	1	0	1	0	0	0	0	0	0	1	0	1
708. Other stated congenital malformations	0	3	3	0	0	0	0	0	0	0	1	1	0	1	1
750. Congenital debility	0	0	0	0	2	2	0	0	0	2	2	4	2	4	6
751. Premature birth	3	3	6	4	4	8	0	1	1	2	1	3	6	6	12
752. Intra-cranial or spinal haemorrhage.	0	0	0	5	1	6	1	0	1	0	1	1	6	2	8
753. Other birth Injuries	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
754. Asphyxia during or after birth, atelectasis	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
758. Other specified diseases	0	0	0	2	1	3	0	0	0	0	0	0	2	1	3
951. Ill-defined causes	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1
TOTAL :	8	10	18	31	24	55	5	5	10	17	10	27	53	39	92

INFANTILE MORTALITY

RESIDENTS

	European			Native			Coloured			Asiatic			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
During 1st Week	5	4	9	11	6	17	1	1	2	2	3	5	14	10	24
1st Week - 3 Weeks	0	0	0	1	3	4	1	1	2	3	2	5	5	6	11
1 month - 2 months	0	0	0	4	2	6	1	1	2	2	2	4	7	5	12
3 months - 5 months	0	4	4	3	3	6	2	0	2	3	3	6	8	6	14
6 months - 8 months	1	1	2	7	4	11	0	2	2	5	0	5	12	6	18
9 months - 11 months	2	1	3	5	6	11	0	0	0	2	0	2	7	6	13
TOTAL :	8	10	18	31	24	55	5	5	10	17	10	27	53	39	92

INFANTILE MORTALITY RATE.

(DEATHS PER 1000 BIRTHS)

	European	Native	Coloured	Asiatic
During 1st Week	9 : 67.1	17 : 64.9	2 : 17.2	5 : 8.6
1 week - 3 weeks	0 : 00.0	4 : 15.2	2 : 17.2	5 : 8.6
1 month - 2 months	0 : 00.0	6 : 22.9	2 : 17.2	4 : 6.8
3 months - 5 months	4 : 7.6	6 : 22.9	2 : 17.2	6 : 10.3
6 months - 8 months	2 : 3.8	11 : 41.9	2 : 17.2	5 : 8.6
9 months - 11 months	3 : 5.7	11 : 41.9	0 : 00.0	2 : 3.4
Infantile Mortality Rate	18 : 34.2	55 : 209.7	10 : 86.2	27 : 46.5

PERCENTAGE OF DEATHS AT ALL AGESOCCURRING IN THE FIRST YEAR OF LIFE.

European	:	7.8
Native	:	29.7
Coloured	:	22.7
Asiatic	:	19.6
All Non-European	:	25.1
All Races	:	18.4

INFANTILE DEATHS FROM VARIOUS CAUSES EXPRESSED
AS A PERCENTAGE OF ALL INFANTILE
DEATHS

	European		Native		Coloured		Asiatic		All Non-Eur.	
	No. :	%	No. :	%	No. :	%	No. :	%	No. :	%
Malnutrition	0	0.0	4	7.7	0	0.0	1	4.2	5	5.1
Gastro-Intestinal Infections	1	5.9	22	42.3	3	3.75	8	33.3	33	39.3
Bronchitis & Pneumonia	5	29.4	6	11.5	1	12.5	5	20.8	12	14.3
Malformations	4	23.5	1	1.9	0	0.0	2	8.3	3	3.6
Congenital Debility	0	0.0	2	3.8	0	0.0	4	16.7	6	7.1
Prematurity	6	35.3	8	15.4	1	12.5	3	12.5	12	14.3
Injury at Birth	1	5.9	6	11.5	1	12.5	1	4.2	8	9.5
Other Disease peculiar to Early Infancy	0	0.0	0	0.0	1	12.5	0	0.0	1	1.2
Syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Causes	0	0.0	3	5.8	1	12.5	0	0.0	4	4.8
	17		52		8		24		84	

PULMONARY TUBERCULOSIS.DEATHS IN MONTHS OF THE YEAR.RESIDENTS

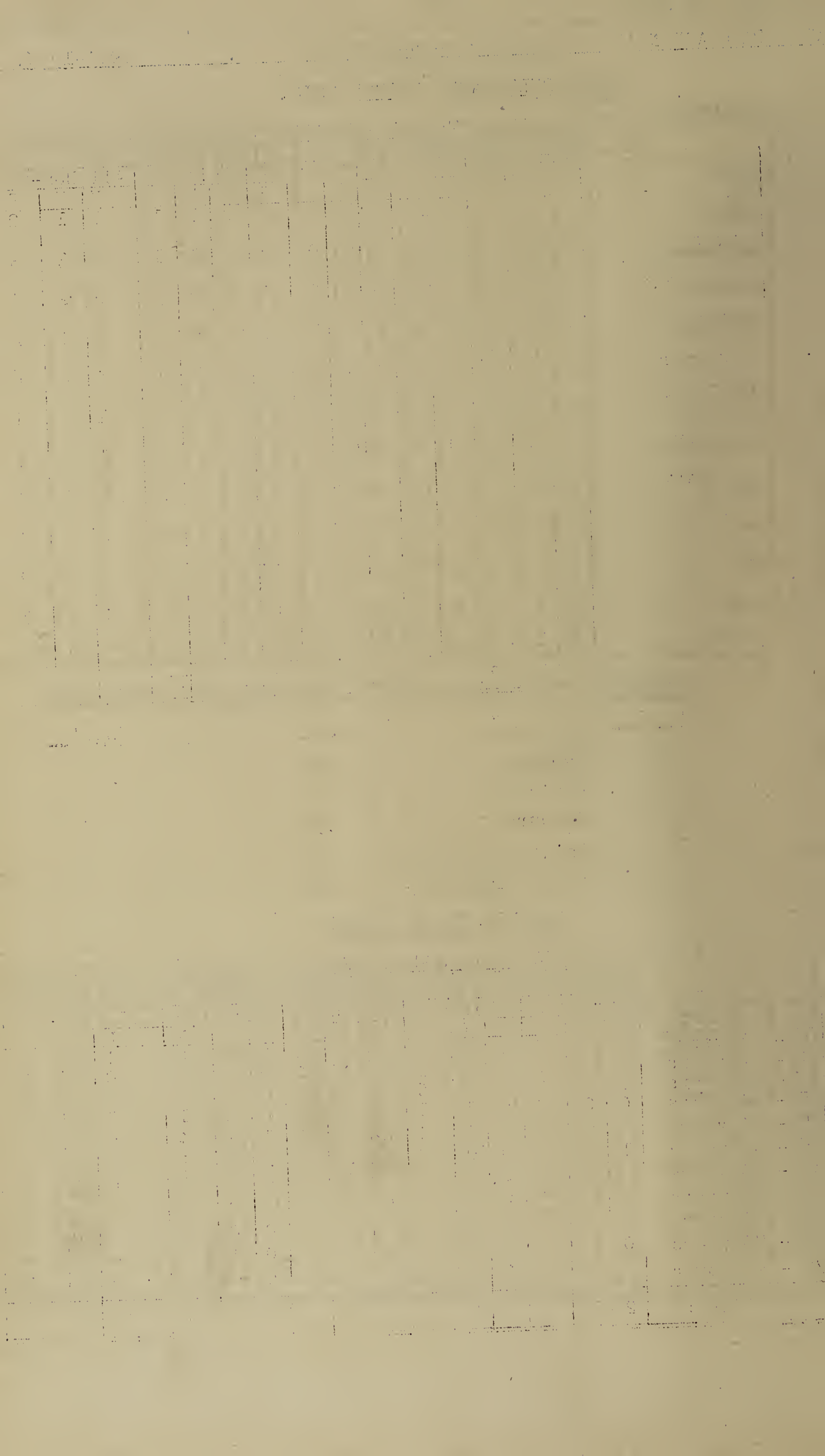
	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	0	0	0	1	0	1	0	1	1	1	1	2
August	1	0	1	0	2	2	0	0	0	0	1	1	0	3	3
September	0	0	0	1	0	1	0	0	0	1	2	3	2	2	4
October	0	0	0	1	0	1	0	1	1	0	0	0	1	1	2
November	0	0	0	4	1	5	0	0	0	0	1	1	4	2	6
December	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
January	0	0	0	1	2	3	0	1	1	0	1	1	1	4	5
February	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
March	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
April	0	0	0	1	0	1	1	0	1	0	1	1	2	1	3
May	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
June	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL :	2	1	3	9	5	14	2	2	4	2	9	11	13	16	29

PULMONARY TUBERCULOSIS DEATH RATES PER 1000 POPULATION

European	:	0.14
Native	:	1.80
Coloured	:	2.68
Asiatic	:	1.16
All Non-European	:	1.55
ALL PERSONS	:	0.81

DEATHS IN AGE GROUPS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
0 - 1 year	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
1 - 2 years	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
2 - 4 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 14 years	0	0	0	0	1	1	0	0	0	0	1	1	0	2	2
15 - 24 years	0	0	0	3	1	4	2	2	4	1	3	4	6	6	12
25 - 34 years	1	0	1	0	0	0	0	0	0	1	2	3	1	2	3
35 - 44 years	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1
45 - 54 years	1	0	1	2	0	2	0	0	0	0	2	2	2	2	4
55 - 64 years	0	0	0	3	0	3	0	0	0	0	0	0	3	0	3
65 - 74 years	0	0	0	0	1	1	0	0	0	0	1	1	0	2	2
75 - and over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL :	2	1	3	9	5	14	2	2	4	2	9	11	13	16	29



NON-PULMONARY TUBERCULOSISDEATHS IN MONTHS OF THE YEAR.

RESIDENTS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0	0	0	1	1	2	1	1	2
December	0	0	0	0	0	0	1	0	1	1	1	2	2	1	3
January	0	0	0	1	0	1	0	0	0	1	0	1	2	0	2
February	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
April	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL :	0	0	0	3	0	3	1	1	2	3	2	5	7	3	10

DEATH RATE PER 1,000 POPULATION

European	:	0.00
Native	:	0.39
Coloured	:	1.34
Asiatic	:	0.53
All Non-European	:	0.53
ALL PERSONS		0.25

DEATHS IN AGE GROUPS

RESIDENTS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
0 - 1 year	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
1 - 2 years	0	0	0	0	0	0	1	1	2	0	1	1	1	2	3
2 - 4 years	0	0	0	1	0	1	0	0	0	0	1	1	1	1	2
5 - 14 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 - 24 years	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
25 - 34 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 - 44 years	0	0	0	1	0	1	0	0	0	1	0	1	2	0	2
45 - 54 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 - 64 years	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
65 - 74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 and Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL :	0	0	0	3	0	3	1	1	2	3	2	5	7	3	10

C A N C E RDEATHS IN AGE GROUPS

RESIDENTS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 - 4 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 14 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 - 24 years	0	1	1	0	1	1	0	0	0	1	0	1	1	1	2
25 - 34 years	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
35 - 44 years	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0
45 - 54 years	1	3	4	0	0	0	0	1	1	0	0	0	0	1	1
55 - 64 years	1	3	4	0	0	0	0	0	0	3	0	3	3	0	3
65 - 74 years	4	3	7	0	0	0	0	0	0	2	0	2	2	0	2
75 and Over	2	6	8	0	0	0	0	1	1	0	1	1	0	2	2
TOTAL :	8	18	26	1	1	2	0	2	2	6	1	7	7	4	11

DEATH RATES PER 1000 POPULATION

European :	1.25
Native :	0.26
Coloured :	1.34
Asiatic :	0.74
All Non-European) :	0.59
ALL PERSONS	0.93

FORMS OF CANCER CAUSING DEATHS
GIVEN IN AGE GROUPS

RESIDENTS ONLY

	0 - 24				25 - 44				45 - 64				65 & Over			
	Eur.		N-Eur.		Eur.		N-Eur.		Eur.		N-Eur.		Eur.		N-Eur.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Cancer of :-																
100. Buccal Cavity	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0
101. Oesophagus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102. Stomach & Duodenum	0	0	0	0	0	0	0	0	0	0	1	1	0	2	0	1
103. Rectum	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
104. Liver	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
106. Oth. digestive organs (inc. peritoneum)	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0
107. Larynx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
109. Lung	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0
110. Uterus	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
111. Oth. female genital organs	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
112. Breast	0	0	0	0	0	0	0	0	0	2	0	0	0	4	0	1
113. Prostate	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
116. Skin	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
117. Brain & oth. parts of Nervous System	0	1	0	1	0	0	0	0	1	1	0	0	0	0	0	0
135. Tumours of undeter- mined nature - Brain & oth. parts of Nervous System	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL :	0	1	0	2	0	2	1	0	2	6	3	1	6	9	2	2

DEATHS DUE TO BRONCHITIS AND PNEUMONIA.

(Code Nos. 402 - 406)

RESIDENTS : (Given in Months of the Year)

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	1	1	2	2	0	2	1	0	1	1	0	1	4	0	4
August	2	0	2	0	1	1	0	0	0	0	0	0	0	1	1
September	3	0	3	2	1	3	0	0	0	0	1	1	2	2	4
October	1	1	2	4	0	4	0	0	0	0	0	0	4	0	4
November	2	1	3	2	0	2	0	0	0	3	0	3	5	0	5
December	1	0	1	3	1	4	0	0	0	0	1	1	3	2	5
January	1	0	1	1	0	1	0	0	0	0	0	0	1	0	1
February	0	0	0	1	1	2	0	0	0	1	0	1	2	1	3
March	0	0	0	1	0	1	0	0	0	1	0	1	2	0	2
April	1	1	2	2	3	5	0	0	0	0	1	1	2	4	6
May	0	1	1	3	4	7	1	2	3	0	1	1	4	7	11
June	0	3	3	1	0	1	1	0	1	1	0	1	3	0	3
TOTAL:	12	8	20	22	11	33	3	2	5	7	4	11	32	17	49

RESIDENTS: (Given in Age Groups)

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year	4	2	6	5	3	8	0	2	2	4	1	5	9	6	15
1 year	0	0	0	4	5	9	1	0	1	0	0	0	5	5	10
2 - 4 years	0	0	0	2	1	3	0	0	0	0	1	1	2	2	4
5 - 14 years	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
15 - 24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 - 34 years	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1
35 - 44 years	1	0	1	2	0	2	0	0	0	0	0	0	2	0	2
45 - 54 years	1	0	1	5	1	6	0	0	0	0	1	1	5	2	7
55 - 64 years	1	0	1	1	0	1	0	0	0	1	0	1	2	0	2
65 - 74 years	3	0	3	3	0	3	1	0	1	1	0	1	5	0	5
75 and Over	2	5	7	0	0	0	1	0	1	0	1	1	1	1	2
TOTAL:	12	8	20	22	11	33	3	2	5	7	4	11	32	17	49

Bronchitis	3	2	5	0	0	0	0	1	1	0	0	0	0	1	1
Pneumonia	9	6	15	22	11	33	3	1	4	7	4	11	32	16	48
TOTAL:	12	8	20	22	11	33	3	2	5	7	4	11	32	17	49

DEATH RATES PER 1000 POPULATIONBRONCHITIS: (Code Nos. 402 - 403)

European	:	0.24
Native	:	0.00
Coloured	:	0.67
Asiatic	:	0.00
All Non-European	:	0.05
ALL PERSONS	:	0.15

PNEUMONIA: (Code Nos. 404-406)

European	:	0.72
Native	:	4.24
Coloured	:	2.68
Asiatic	:	1.16
All Non-European	:	2.56
ALL PERSONS	:	1.59

DISEASES OF THE HEART AND CIRCULATORY
SYSTEM.

(Code Nos. 350 - 368)

DEATHS IN AGE GROUPS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 - 4 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 - 14 years	0	1	1	0	0	0	0	1	1	1	0	1	1	1	2
15 - 24 years	0	1	1	1	0	1	0	0	0	0	0	0	1	1	2
25 - 34 years	1	0	1	0	0	0	0	0	0	1	1	2	1	1	2
35 - 44 years	1	1	2	1	2	3	0	0	0	1	1	2	2	3	5
45 - 54 years	3	1	4	1	1	2	0	1	1	2	1	3	3	3	6
55 - 64 years	8	7	15	2	0	2	1	2	3	7	1	8	10	3	13
65 - 74 years	14	9	23	1	0	1	2	2	4	1	1	2	4	3	7
75 and Over	8	10	18	0	0	0	1	0	1	1	0	1	2	0	2
TOTAL :	35	30	65	6	3	9	4	6	10	14	5	19	24	15	39

DEATH RATE (PER 1000 POPULATION)

European	:	3.12
Native	:	1.16
Coloured	:	6.71
Asiatic	:	2.00
All Non-European	:	2.08
ALL PERSONS	:	2.63

DEATHS DUE TO
DIARRHOEA AND ENTERITIS
 (Under age of 2 years)
 (Code No. 458)

RESIDENTS

	European			Native			Coloured			Asiatic			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	1	2	3	0	0	0	1	1	2	2	3	5
September	1	0	1	5	0	5	0	0	0	0	0	0	5	0	5
October	0	0	0	1	3	4	0	0	0	0	0	0	1	3	4
November	0	0	0	3	2	5	0	0	0	0	2	2	3	4	7
December	0	0	0	3	3	6	1	1	2	3	2	5	7	6	13
January	0	0	0	3	3	6	1	0	1	0	0	0	4	3	7
February	0	0	0	1	1	2	1	1	2	2	0	2	4	2	6
March	0	0	0	1	1	2	1	0	1	1	1	2	3	2	5
April	0	1	1	1	2	3	0	0	0	1	0	1	2	2	4
May	0	0	0	0	3	3	0	0	0	1	0	1	1	3	4
June	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
TOTAL: 1	1	2	20	20	40	4	2	6	9	6	15	33	28	61	

DISTRICTS OF RESIDENCE OF CASES OF ENTERIC
FEVER AND TUBERCULOSIS

	Notifications of Enteric Fever	Deaths from Tuberculosis
P.M. Burg Central	25	26
Zwartkop Valley	0	2
Wembley	2	0
Scottsville (in water supply area)	4	1
Scottsville (outside water supply area)	0	0
Mountain Rise	0	2
Pentrich (in water supply area)	7	3
Pentrich (outside water supply area)	1	0
Chase and Town Bush Valleys	4	0
Native Village	3	8
Hathorn's Hill	1	0
Asiatic Housing Scheme	0	0
TOTAL:	45	42

THE
OFFICE OF THE
TREASURER
OF THE
UNITED STATES
DEPARTMENT OF THE
INTERIOR

RECEIVED

DATE	DESCRIPTION	AMOUNT	CHECK NO.	REMARKS
1917				
1918				
1919				
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TOTAL

DATE	DESCRIPTION	AMOUNT	CHECK NO.	REMARKS
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TUBERCULOSIS CLINIC

July 1st, 1944, to June 30th, 1945.

	European			Native			Coloured			Asiatic			Total		
	Bor.			Bor.			Bor.			Bor.			Bor.		
	M	F	O/B	M	F	O/B	M	F	O/B	M	F	O/B	M	F	O/B
New Cases	116	161	7	26	150	55	97	18	1	85	58	17	2	364	202
Total Attendances	133	195	8	27	208	111	146	30	1	161	97	30	3	610	418
Sputa Examined	2	-	-	-	-	-	-	-	-	1	-	-	-	3	-
Sputa Positive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
X-Ray Examinations	86	157	5	26	146	59	93	19	1	95	67	36	2	340	255
" Positive	7	2	-	-	24	18	11	7	1	13	10	1	-	45	30
Positive Diagnosis made	1	-	-	-	9	10	3	-	1	6	-	-	-	17	12
Admitted to Hospital from Clinic	2	-	-	-	5	2	-	-	-	3	2	-	-	10	4
Contacts Examined	2	14	-	-	19	22	2	2	-	23	25	-	-	44	62
Borough Cases	EUR.			NAT.			COL.			AS.			TOTAL		
Admitted to Grey's Hospital and King George V Hospital	2	-	-	16	-	-	1	-	-	11	-	-	-	30	-
Home Visits to Tuberculosis and their contacts (Borough cases only)	185	-	-	949	-	-	61	-	-	389	-	-	-	1,584	-

100

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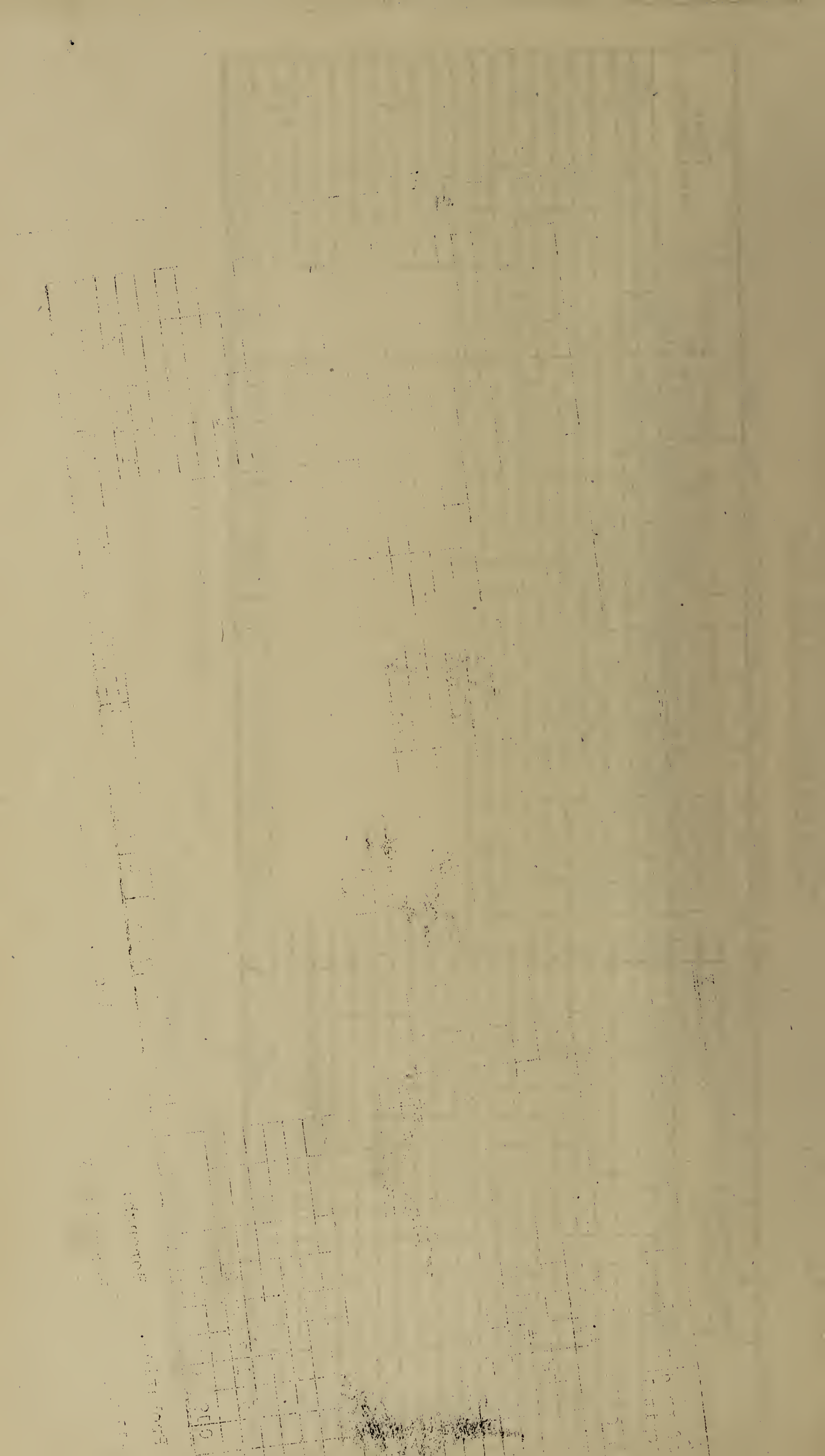
VENEREAL DISEASE

CLINIC ATTENDANCES FOR THE YEAR ENDING 30th JUNE, 1945.

European	A Transferred to Hospital				B New Cases				C Transferred from Hospital & Oth. Clinics				D Undergoing Course II of Treatment				E Undergoing Course III of Treatment				F Undergoing Course IV of Treatment				G Undergoing Course V of Treatment				H Total Attendances				
	O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
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18.																																	
TOTAL:	0	0	0	0	0	19	3	4	4	12	7	0	1	36	32	0	0	25	38	0	0	9	12	0	13	25	4	0	13	287	168	14	42

19. Discharged on Probation. Borough: Males 3. Females 1. Out-of-Borough: Females 3

20. Discharged Finally. Borough: Females 1.



VENEREAL DISEASE. Cont'd.

CLINIC ATTENDANCES FOR THE YEAR ENDING 30th JUNE, 1945.

NATIVE	A Transferred to Hospital				B New Cases				C Transferred from Hospital & Oth. Clinics				D Undergoing Course II of Treatment				E Undergoing Course III of Treatment				F Undergoing Course IV of Treatment				G Undergoing Course V of Treatment				H Total Attendances				
	Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1.	4				6			16	3	4		114	51	30	9	49	23	18	2	17		6					387	51	107	23			
2.	6		5	2	12		3	2	78	6	36	10	442	9	73	43	259		18	10	141		49		7	1	1432	50	318	152			
3.	7	12	1	11	6	19		11	50	58	16	98	262	163	54	233	195	104	57	110	109	74	103	24	1	28	1047	81	211	101			
4.					1	4			9	9	6	3	78	31	43	40	31	24	25	29	45	21	17	17	9	16	256	204	149	185			
5.	5	1		1	21	9	7	28	47	74	24	178	460	315	89	504	312	178	21	327	211	103	102	59	13	92	1972	1570	443	2848			
6.																											2	4					
7.	2	1	2			1	7	8	4	6	5	12	3	1	16	35				18			4				24	79	110	223			
8.								1	1	3	2	4	11	8		15	3						9				30	40	12	49			
9.	3	2	1	1	5	2		4	4	7	1	11				1											67	80	3	97			
10.																																	
11.																																	
12.									5		2																23						
13.																												10					
14.																																	
15.	2	2				3	2	1		4																		25	8	2			
16.																																	
17.			1			103	84	47	108	53	32	54	49																				
18.																																	
TOTAL	27	19	9	17	157	91	65	162	271	198	150	365	1370	578	305	880	849	329	139	496	523	198	64	319	286	100	30	1137	5692	3232	1686	5072	

19. Discharged on Probation : Borough : M.140 F. 51 O/Borough : M.70 F. 123
 20. Discharged Finally. Cured : Borough : M. 114 F. 53. O/Borough : M 41 F. 72

VENEREAL DISEASE. Cont'd.

CLINIC ATTENDANCES FOR THE YEAR ENDING 30th JUNE, 1945.

COLOURED	A Transferred to Hospital				B New Cases				C Transferred from Hospital & oth. Clinics				D Undergoing Course II of Treatment				E Undergoing Course III of Treatment				F Undergoing Course IV of Treatment				G Undergoing Course V of Treatment				H Total Attendances			
	Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1.																																
2.					1		1		1	1	2																	17	6	9		
3.	1									6		3																18	92			45
4.																																24
5.					1	2		2	1	7	1	5	22	100	16	38	34	57	11	20	25	33		19	6	18	1	101	375	74	141	
6.																																
7.						1			1	2	1		2	9	3	16	12	15	3	12	14	11					37	80	10	50		
8.												1	1	8	25			17	13		3	4	5				36	49		10		
9.					1			1				2															4	23			8	
10.																																
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16.																																
17.						9	8	2	2			1																				
18.																																
TOTAL:	0	1	0	0	12	11	3	5	3	19	4	12	32	149	19	66	71	92	14	36	47	52	6	43	1	16	9	1254	673	97	295	

19. Discharged on Probation. Borough: M 6. F 14 O/Borough: M.2 F. 4

20. Discharged Finally. Cured. Borough: M. 4 F. 3 O/Borough: M. 2 F. 1

19.	Discharged on Probation.	Borough:	M. 16	F. 12	O/Borough:	M. 3	F. 5	
20.	Discharged Finally.	Cured.	Borough:	M. 9	F. 6	O/Borough:	M. 4	F. 2

EPIDEMIC (V.D.) HOSPITAL RETURNS

YEAR ENDING 30th JUNE, 1945.

NATIVES	A In Hospital last day of precdg. year				B Admitted from Pass Office & Gaol				C Admitted Vol- untary & from V.D. Clinic				Discharged or Absconded or Died after treatment of Duration							
	Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B		Bor.		O/B	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1			1		2		1		13		4		10		12		1		1	
2	6		7		11		10		100	7	184	27	42	5	86	17	47	2	69	9
3	1	2	5	3	5		3		63	69	104	290	35	50	58	192	21	21	39	85
4									2	2	6	9	2	2	3	5			1	1
5	1		2		1				4	8	14	38	2	6	8	28	2	1	2	10
6																				
7									1	19	19		2	14	9				4	6
8													11	11	22	33	27	14	19	9
9	6		5	2	5		2	1	59	13	64	42	17						6	
10																				
11									3	1	13	5	3	1	10	5			3	
12									7	1	3	3	4		1	3	1	1	1	
13									2		1									
14									2		2	2			1		1			1
15			1		3		2		10	4	15	6	6	2	5	4	7		3	3
16									1		9		1		4				1	
17	1		1	3	1		1		31	8	65	64	26	8	53	54	2		5	10

No. of Individuals admitted during Year	Male: Bor. 327	Female: Bor. 112	Male: Bor. 542	O/B 510
No. of Individuals discharged, etc. during Year.	Male: Bor. 299	Female: Bor. 131	Male: Bor. 492	O/B 502
No. of Patients suffering from 2 or more Venereal Diseases.	31	8	45	21

EPIDEMIC (V.D.) HOSPITAL RETURNS.
 YEAR ENDING 30th JUNE, 1945.

COLOURED	A In Hospital last day of precedg. year			B Admitted from Pass Office & Gaol			C Admitted Vol- untary & from V.D. Clinic			Discharged or Absconded or Died after Treatment of						Duration								
	O/B			O/B			O/B			0 - 14 Days			15 - 28 Days			29 - 42 Days			43 - 46 Days			57 + Days		
	M	F	O/B	M	F	O/B	M	F	O/B	M	F	O/B	M	F	O/B	M	F	O/B	M	F	O/B	M	F	O/B
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2									1	1	2	1			1									
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9	1												1	1	1									
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17																1								

	Borough		O/Borough		Borough		O/Borough		No. of Patients suffer- ing from 2 or more Venereal Diseases	
	Males	Female	Male	Female	Male	Female	Male	Female		
No. of Individuals admitted during year)	3	6	2	2			1	1		
No. of Individuals discharged etc. during year.	4	5	2	2						

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EPIDEMIC (V.D.) HOSPITAL RETURNS.
 YEAR ENDING 30th JUNE, 1945.

ASIATICS	A In Hospital last day of precdg. year						B Admitted from Pass Office & Gaol						C Admitted Vol- untary & from V.D. Clinic						Discharged or Absconded or Died after treatment of Duration.											
	0 - 14 Days						15 - 28 Days						29 - 42 Days						43 - 56 Days						57 + Days					
	D						E						F						G						H					
	Bor.	O/B	M	F	M	F	Bor.	O/B	M	F	M	F	Bor.	O/B	M	F	M	F	Bor.	O/B	M	F	M	F	Bor.	O/B	M	F	M	F
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Borough O/Borough
 Male Female Male Female

No. of Individuals) admitted during year	8	5	3	3
No. of Individuals) discharged during year	6	6	3	3
No. of Patients suffering) from 2 or more Venereal) Diseases	1	0	0	0

ANTE-NATAL TREATMENT OF SYPHILIS AT V.D. CLINICS

YEAR ENDING 30th June, 1945.

	STAGE OF PREGNANCY																			
	1 - 3 Months						4 - 6 Months						7 - 9 Months							
	Eur.		Nat.		Col.	As.	Eur.		Nat.		Col.	As.	Eur.		Nat.		Col.	As.		
	B	O/B	B	O/B	B/O/B	B/O/B	B	O/B	B	O/B	B/O/B	B/O/B	B	O/B	B	O/B	B/O/B	B/O/B		
No. of Pregnant women submitted to Serological Test	1	-	1	-	1	-	1	-	4	15	6	3	3	-	1	-	2	6	1	-
No. of Positive or doubtful Reactors	1	-	2	-	1	-	1	-	11	33	1	3	-	-	4	-	2	68	1	1
No. of those who had previously received treatment	1	-	-	1	-	1	-	-	9	17	4	2	1	1	1	-	-	36	2	1
No. undergoing a First course of treatment during pregnancy	-	-	1	-	2	-	1	-	9	17	-	3	-	-	1	-	3	48	4	-
No. undergoing a 2nd or 3rd course of treatment during pregnancy	-	-	-	1	-	1	-	-	4	5	5	2	3	1	1	-	-	7	1	-

VENEREAL DISEASE. Continued.KEY TO VENEREAL DISEASE CLINIC AND HOSPITAL RETURNS

1. Seronegative Primary Syphilis.
2. Seropositive Primary Syphilis.
3. Secondary Syphilis.
4. Tertiary Syphilis (clinical).
5. Endosyphilis (Serological).
6. Neurosyphilis.
7. Congenital Syphilis under 1 year.
8. Congenital Syphilis over 1 year.
9. Gonorrhoea.
10. Gonococcal Vulvo Vaginitis.
11. Gonococcal Ophthalmia.
12. Ulcus Molle.
13. Lymphopathia Venereum.
14. Granuloma Venereum.
15. Venereal Warts.
16. Phagedaena.
17. Suspected Venereal Disease which proved Non-Venereal.
18. Suffering from 2 or more venereal diseases.

DAILY AVERAGE OF IN-PATIENTS AT MUNICIPAL EPIDEMIC HOSPITAL(Non-European Venereal Diseases)

MALE : 34

FEMALE : 21

TOTAL : 55

VENEREAL DISEASE HOME VISITS

European	Native	Coloured	Asiatic	Total
M : F	M : F	M : F	M : F	M : F : Persons
131 : 110	1008 : 517	92 : 160	89 : 103	1320 : 890 : 2210

ISOLATION HOSPITAL (EUROPEAN) & NON-EUROPEAN INFECTIOUS
DISEASES HOSPITAL CASES ADMITTED JULY 1st 1944 to JUNE
30th, 1945.

	<u>Borough Cases</u>					<u>Out-of-Borough</u> <u>0 Cases</u>					Total Cases Borough & Out/ Borough
	E	N	C	A	Total	E	N	C	A	Total	
Scarlet Fever	42	-	3	-	45	8	-	-	-	8	53
Measles	4	32	2	2	40	1	51	2	1	55	95
Diphtheria	32	29	3	5	69	21	25	-	3	49	118
Mumps	14	1	-	-	15	1	-	-	-	1	16
Whooping Cough	3	10	-	-	13	-	14	-	-	14	27
Chicken Pox	8	26	-	-	34	1	15	-	-	16	50
Meningitis (C.S.F.)	-	-	-	-	-	-	2	-	-	2	2
" - Pneumococcal	-	1	-	-	1	-	-	-	-	-	1
German Measles	2	-	-	-	2	-	-	-	-	-	2
Diphtheria Carrier	-	-	-	1	1	1	-	-	-	1	2
Pulmonary T.B.	-	23	2	10	35	-	27	2	4	33	68
Encephalitis	-	1	-	-	1	-	-	-	-	-	1
Leprosy	-	-	1	-	1	-	-	-	-	-	1
Typhus Fever (Louse)	-	-	-	-	-	-	3	-	-	3	3
Tick Bite Fever	1	-	-	-	1	-	-	-	-	-	1
Smallpox	20	18	-	-	38	-	5	-	-	5	43
Smallpox - Contacts	-	6	-	-	6	-	-	-	-	-	6
Typhoid Fever	-	1	-	-	1	-	-	-	-	-	1
Typhoid Carrier	-	-	-	1	1	-	-	-	-	-	1
TOTAL:	126	148	11	19	304	33	142	4	8	187	491

ISOLATION HOSPITAL AND NON-EUROPEAN INFECTIOUS DISEASES HOSPITAL.

The following alterations in Diagnosis were made following observation in Hospital :-

BOROUGH CASES.

In 1 case (Eur.) diagnosis Scarlet Fever altered to Toxic Rash.
In 14 cases (Nat.) diagnosis ? Smallpox altered to Not Smallpox.
In 1 case (Nat.) diagnosis " altered to Myositis.
In 2 cases (Nat.) diagnosis " altered to Influenza.
In 1 case (Nat.) diagnosis " altered to Syphilis.
In 1 case (Nat.) diagnosis " altered to Frontal Sinusitis.
In 1 case (Eur.) diagnosis Diphtheria altered to Capillary Bronchiolitis.
In 2 cases (1 Eur. & 1 Nat.) diagnosis Diphtheria altered to Quinsy.
In 7 cases (3 Eur. 1 Col. & 3 Nat.) diagnosis Diphtheria altered to)
Follicular Tonsillitis)
In 1 case (1 Eur.) diagnosis Diphtheria altered to N.A.D.
In 1 case (Eur) diagnosis Diphtheria altered to Laryngeal Spasms.
In 1 case (Nat.) diagnosis Chicken Pox altered to Smallpox.
In 1 case (Nat.) diagnosis Measles altered to Broncho Pneumonia.
In 1 case (Nat.) diagnosis Pulmonary Tuberculosis altered to
Not Pulmonary Tuberculosis. -
In 1 case (Nat.) diagnosis Measles altered to Nil Abnormal
In 1 case (Nat.) diagnosis Typhoid Fever altered to Broncho-Pneumonia
In 1 case (As.) diagnosis Typhoid Carrier altered to N.A.D. a Carrier.

OUT-OF-BOROUGH CASES.

In 1 case (Eur.)	diagnosis	Scarlet Fever	altered to N.A.D.
In 1 case (Eur.)	diagnosis	"	altered to Toxic Erythema
In 1 case (Nat.)	diagnosis	Chicken Pox	altered to Smallpox
In 1 case (Nat.)	diagnosis	Pulmonary T.B.	altered to Syphilitic Heart Disease.
In 1 case (Eur.)	diagnosis	Diphtheria	altered to Diphtheria Carrier.
In 4 cases (Eur.)	diagnosis	"	altered to Tonsillitis.
In 1 case (Nat.)	diagnosis	"	altered to Retropharyngeal Abscess.
In 1 case (As.)	diagnosis	"	altered to Laryngitis.
In 1 case (Nat.)	diagnosis	"	altered to Congenital Syphilis
In 1 case (Eur.)	diagnosis	Diphtheria Carrier	altered to Non-virulent Carrier.
In 1 case (Eur.)	diagnosis	"	altered to Nil Abnormal.
In 1 case (Nat.)	diagnosis	"	altered to Stomatitis.
In 1 case (Nat.)	diagnosis	"	altered to Influenza.
In 1 case (Nat.)	diagnosis	"	altered to Chronic Laryngitis.
In 2 cases (Nat.)	diagnosis	"	altered to Quinsy.
In 1 case (Nat.)	diagnosis	? Smallpox	altered to Not Smallpox.
In 1 case (Nat.)	diagnosis	Smallpox	altered to Scabies.
In 1 case (Nat.)	diagnosis	Measles	altered to Broncho-Pneumonia.
In 1 case (Nat.)	diagnosis	Whooping Cough	altered to Bronchitis.

INFANT WELFARE.1. INFANT CLINICS.

	European	Native	Coloured	Asiatic
NEW CASES: Under 1 Year	315	165	77	118
Over 1 Year	14	5	2	-
<u>OTHER ATTENDANCES</u>				
Under 1 Year	3842	1782	652	1936
Over 1 Year	1141	822	335	1237
Total :	5312	2774	1066	3291
Number on Register	661	291	157	256
Average Attendance per person	8.0	9.5	6.8	12.9

2. HOME VISITS.

	European	Native	Coloured	Asiatic	Total
Ante-Natal	10	48	10	202	270
First Visits - (Notified births)	102	152	114	451	909
Re-visits - 1 year	337	1207	309	944	2797
Re-visits - 1-6 yrs.	300	703	650	1097	2840
Infectious Disease (Non-T.B.)	640	76	12	103	831
Protected Children	11	2	13	18	44
Confinement Visits	0	54	0	0	54
Infantile Mortality)					
Visits)	8	22	10	17	57
Nursing Home Visits	1	0	0	0	1
TOTAL :	1499	2354	1118	2832	7803

3. MILK DISTRIBUTED.

	European	Native	Coloured	Asiatic	Total
Fresh - Pints	4767	6874	4337	11539	27,517
Dried - lbs.	0	0	0	0	0

FOODSTUFFS.1. MILK.Bacteriological Examination

Samples with less than 30,000 bacteria per c.c. : 32 (inc. 2)
(Pasteu-)
(rised)

" " between 30,000 and 200,000 bacteria): 12
per c.c.)

" " more than 200,000 bacteria per c.c. : 18

Total: 62 (inc. 2)
(Pasteu-)
(rised)

Samples with B.Coli present in 1/100 c.c. or)
less) : 31 (inc. 1)
(Pasteu-)
(rised)

" " B. Coli " in 1/10 but not)
in 1/100 c.c.) : 13 (inc. 1)
(Pasteu-)
(rised)

" " B.Coli absent in 1/10 c.c. or)
more) : 18

Total: 62 (inc. 2)
(Pasteu-)
(rised)

Chemical Examination (By Government Analyst) - Nil.

2. SAUSAGE.

Samples of Sausage conforming to standard : 2

" " " not " " " : 0

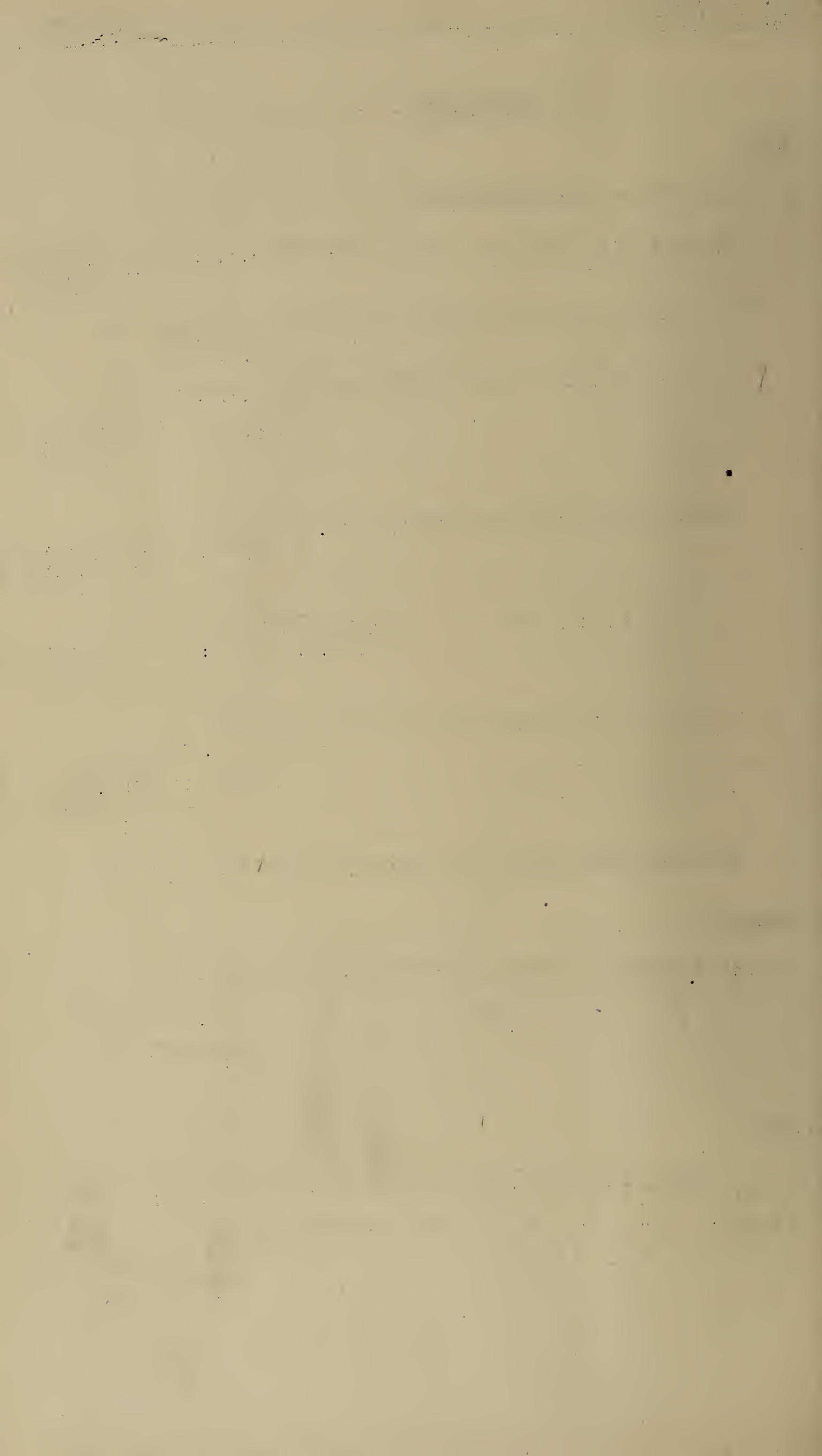
Total: 2

3. MEAT.

Samples of Mince Meat conforming to standard : 1

" " " " not conforming to
standard : 1

Total: 2



FOODSTUFFS. Cont'd.

4. WATERS. (Bacteriological examination by Bio-Chemist - City Engineer's Department)

(Results recorded in accordance with method laid down by Ministry of Health, Publication No. 71, 1939)

MUNICIPAL WATER SUPPLY.

<u>Probable No. of Organisms</u> <u>in 100 c.c.</u>	<u>No. of Samples</u>
0	193
1	46
2	19
3	19
5	2
9	1
16	3
18	1
Total:	<u>284</u>

MUNICIPAL SWIMMING BATHS

<u>Probable No. of Organisms</u> <u>in 100 c.c.</u>	<u>No. of Samples</u>
0	39
1	1
Total:	<u>40</u>

OTHER SWIMMING BATHS.

<u>Probable No. of Organisms</u> <u>in 100 c.c.</u>	<u>No. of Samples</u>
0	43
1	3
2	1
9	1
Total:	<u>48</u>

OTHER SAMPLES TAKEN.

<u>Probable No. of Organisms</u> <u>in 100 c.c.</u>	<u>No. of Samples</u>
0	5
2	1
16	1
18	2
50	1
55	1
Total:	<u>11</u>

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FOODSTUFFS CONDEMNED AS UNFIT
FOR HUMAN CONSUMPTION

The following foodstuffs were inspected and condemned in the Municipal Market and in Shops within the Borough :-

Artichokes	5 bags
Avocado Pears	20 trays, 4 boxes
Apples	6 cases
Beans	131 Pockets
" Baked	10 tins
Bananas	9 boxes
Bringal	10 pockets
Cabbages	38 sacks
Cauliflower	$\frac{1}{2}$ bag
Cucumber	25 pockets, 1 tray
Chocolate	2 slabs
Cane Syrup	7 tins
Cheese	3 pkts.
Condensed Milk	8 tins
Carrots	15 lots, 13 bags, 22 tins 2 cartons
Chutney	6 bottles
Cornflour	1 packet
Cochineal	1 bottle
Duck (Dressed)	17
Eggs	28 doz., 1 case
Fowls (Dressed)	76, 2 cartons, 1 box.
Fowls (Not Dressed)	1
Fowls (Guinea)	3
Fish Paste	9 tins, 1 bottle
Fillet	176 lbs.
Fish (tinned)	20 tins, 4 tin Curried Fish
Fruit - tinned	2 tin
Guavas	9 trays
Giblets	5 pkts
Gravy Powder	2 cartons
Kippered Herring	1 tin
Kippers	3 cases, 1 box
Jam	94 tins, 6 Jars
Lamb and Green Peas	2 tins

/Lobster

FOODSTUFFS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION. Cont'd.

Lobster	11 tins
Mangoes	4 trays
Mustard	1 bag, 2 bottles
Macaroni	1 packet
Mayonnaise	5 bottles
Milk, dried	1 tin
Marrow	$\frac{1}{2}$ bag
Meat (tinned)	66 tins
Meat & Vegetables	4 tins
Meat Extract	368 tins
Meat Paste	2 tins
Oats	2 pkts, 2 cartons
Onions	15 bags
Onions, pickled	6 bottles
Pumpkins	3 bags
Pineapples	1 box
Peaches	2 boxes, 8 trays, 1 bag
Potatoes	142 sacks, 16 pockets
Potatoes (Sweet)	3 bags
Paw-Paws	12 boxes, 25 lots
Pickles	191 bottles
Pilchards	18 tins
Peas	2 pockets, 12 bags, tinned peas- 3 tins
Sausages	3 tins
Sardines	37 tins
Sandwich spread	11 tins, 27 jars
spaghetti	1 tin
Sweetmeats	3 bottles
Sauce	62 bottles
Tea	1 packet
Tomatoes	181 trays, 77 cases
Tomato Juice	1 tin
Tomato Puree	3 tins
Tomato Sauce	6 bottles
Unlabelled Packages	25 tins, 1 bottle
Venison	85 $\frac{1}{2}$ lbs. 8 carcasses, 2 (H. Quarters)
Vegetables	3 tins
Watermelons	12
Xmas Puddings	90 cartons

1911

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1911

1911

A B A T T O I R1. ANIMALS SLAUGHTERED:

Cattle	:	10,317
Calves	:	3,682
Sheep	:	23,232
Pigs	:	3,837
Goats	:	896
Total	:	41,964

2. ANIMAL EXAMINED AFTER SLAUGHTER IN OTHER ABATTOIRS:

Quarters Beef	:	6492
Carcases Mutton	:	4792
Carcases Pork	:	47
Carcases Veal	:	31
Carcases Goat	:	210

3. INCIDENCE OF CERTAIN DISEASES

	Carcases Examined	% Infected	Carcases Condemned	% Condemned
CATTLE - "Measles" (Cysticercus Bovis)	10,317	9.47%	125	1.21%
CALVES - "Measles" (Cysticercus Bovis)	3,682	3.69%	87	2.36%
PIGS - "Measles" (Cysticercus Cellulosae)	3,837	2.26	68	1.88%
CATTLE - Tuberculosis	10,317	0.35%	8	0.08%
CALVES - Tuberculosis	3,682	0	0	0
PIGS - Tuberculosis	3,837	2.45%	13	0.34%

4. SUMMARY OF MEAT CONDEMNED:

	Carcases	Approx. Weight
BEEF	176	81,345 lbs.
BEEF : Portions of Carcases, Organs etc.	-	155,095 lbs.
VEAL	177	7,240 lbs.
VEAL : Portions of Carcases, Organs etc.	-	300 lbs.
PORK	97	10,450 lbs.
PORK : Organs, etc.	-	4,010 lbs.
MUTTON	40	1,305 lbs.
MUTTON : Organs, etc.	-	26,980 lbs.
		286,725 lbs.

ABATTOIR. Cont'd.

MEAT CONDEMNED (Approximate Weight)

Statement of Carcases and Meat Found to be affected
with disease and unfit for human consumption :
1.7.44 - 30.6.45.

	BOVINES			PIGS			SHEEP AND GOATS		
	Condemned			Condemned			Condemned		
	Car- cases In- fec- ted	Whole Car- cases	Por- tions of Car- cases Approx. Weight	Car- cases infec- ted	Whole Car- cases	Por- tions of Car- cases Approx. Weight	Car- cases Infec- ted	Whole Car- cases	Por- tions of Car- cases Approx. Weight
Actinomycosis	116	-	5205	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-
Measles	1214	214	128,250	87	68	260	-	-	-
" (Veal)	-	-	-	-	-	-	-	-	-
Lymphadenitis	-	-	-	-	-	-	17	17	-
Malignant Tumours	4.	4	-	-	-	-	-	-	-
Mammitis	2	2	-	-	-	-	-	-	-
Metritis	1	1	-	-	-	-	-	-	-
Pneumonia-Septic	11	11	-	2	2	-	5	5	-
" " Veal	-	-	-	-	-	-	-	-	-
Pyæmia	4	4	-	1	1	-	1	1	-
Sarcocysts	2	2	-	6	6	-	-	-	-
Septicaemia	-	-	-	3	3	-	-	-	-
Tuberculosis	37	8	1100	94	13	1050	-	-	-
Anaemia	2	2	-	-	-	-	-	-	-
Decomposition, Dropsy, Bruis- ing, Emaciation, Jaundice, Fever, etc.	103	105	7040	4	4	-	17	17	83
Stilesia Hepa- tica Fluke, Cysts, O. Col- umbianum, Lymphadenitis, etc.	-	-	13,500	-	-	2300	-	-	26,900

LICENCE APPLICATION

(1) Applications dealt with under Licenses (Control) and Municipal Licenses Order No. 19 of 1942 and the Borough By-Laws.

	1	2	3	4	5	6	7	8	9	10	11	12
Applications Received	69	9	1	11	19	0	5	213	7	11	0	126
Applications approved without conditions	55	7	1	8	14	0	3	205	5	7	0	113
Applications approved subject to conditions since carried out	8	0	0	1	4	0	1	3	1	1	0	6
Applications withdrawn	0	0	0	0	0	0	0	0	0	0	0	0
Applications in abeyance	0	0	0	0	0	0	0	0	0	0	0	0
Applications not in order	6	2	0	2	1	0	1	5	1	4	0	7

KEY TO ABOVE TABLE :-

1. General Dealers.
2. Aerated Water Manufacturers & Dealers.
3. Butchers.
4. Boarding Houses.
5. Eating & Refreshment Rooms.
6. Bakers.
7. Hairdressers.
8. Hawkers & Pedlars.
9. Laundries.
10. Produce Dealers.
11. Places of Entertainment.
12. Others.

(Owing to alterations in the Municipal Licenses Ordinance)
 (No. 19/1942 and in the Municipal Trade Licence By-Laws,)
 (the routine renewal of all trade licenses is no longer)
 (submitted to this Department by the Licensing Officer.)

(2) Applications dealt with under Urban Area Act.

Applications Received 23
 Applications Returned "Not in Order" 0
 Applications Approved Subject to conditions 2
 Applications Approved for Temporary Licence 21

S A N I T A T I O N

Total of Inspections (General) carried out	10,383
Total of Inspections by Rodent and Fumigation Officer	980
Total of Notices and Letters served re Contravention of By-Laws	1,027

INSPECTION (GENERAL) GIVEN IN DETAIL 1.7.44 to 30.6.45.

1. Public Markets	286
2. Butchers' Shops	73
3. Dealers and General Dealers (Food)	262
4. Dealers and General Dealers (No Food)	38
5. Fish and Poultry Shops	30
6. Bakers' Shops (without Backhouse)	1
7. Bakehouses	32
8. Milkshops (Purveyors of Milk)	9
9. Ice Cream (Purveyors and Manufacturers of) ..	41
10. Tea Shops, Cafes, Restaurants & Eating Houses .	99
11. Residential Hotels, Boarding Houses	46
12. Aerated Water Manufacturers	15
13. Other places where food is manufactured	0
14. Hawkers' Premises	0
15. Hawkers' Carts	0
16. Butchers' Carts and Carriers	0
17. Milk Delivery Carts	0
18. Bakers' Carts	0
19. Ice Cream Carts	0
20. Theatres and Bioscopes	12
21. Common Lodging Houses	3
22. Barracks	110
23. Other House Inspections	118
24. Hairdressers	18
25. Laundries	68
26. Factories and Workshops	79
27. Courts, Lanes and Alleys	9
28. Open Ground	452
29. Piggeries	3
30. Horse Stables	145
31. Dairy Stables and Dairies	1710
32. Cattle Dealers' Premises	3
33. Visits in connection with Infectious Disease ..	1117
34. Standing Water, Catchpits, re Mosquitoes, etc.	1
35. Undrained premises	2
36. Public Sanitary Conveniences	742
37. Refuse Tips	9
38. Other Visits	2775
39. Structural Defects in Premises	3

c/Forward

8311

Sanitation. Cont'd.

B/Forward 8311

INSPECTION BY RODENT AND FUMIGATION
OFFICER

46. Rodent Inspections	369	
47. Premises fumigated for Vermin	129	
47a. Other visits in connection with fumigation ..	191	
48. Disinfections	21	
49. Disinfection of Bedding and Clothing	55	
50. Other inspections by Rodent Officer	<u>215</u>	980

REPORTS FOR TRANSMISSION TO
OTHER MUNICIPAL DEPARTMENTS

(1) City Engineer's Department

40. Stopped Drains	3	
41. Defective Water fittings	0	
42. Other Defects	76	
43. Unauthorised structures	0	
44. Sites, etc., re plans	<u>361</u>	440

(2) Municipal Native Administration
Department

45. Inspection of Premises under) Urban Areas Act	91	91
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(3) Licensing Department

51. Inspection of Premises re) Licence Applications		<u>561</u>
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Total : 10,383

PROSECUTIONS : 1944 - 1945.

Total Number of Prosecutions instituted : 37

Under Public Health By-Laws	8
" Dairy By-Laws	10
" Public Health Act.	5
" V.D. Hospital Regulations .	14
Total	<u>37</u>

Total No. in which accused found guilty and penalty imposed	27
" " found not guilty) (acquitted, withdrawn) (or Prosecutor declined) 10 (to prosecute.)	<u>37</u>

CONDEMNED PREMISESRooms and Buildings Condemned and / or Demolished

(a) Under Public Health By-Law No. 19(a) : (Closing Order) :	0
(b) Under Public Health By-Law No. 19(b) : (Demolition) (Premises) ..	2
(c) Under Slums Act :	0
(d) Voluntary Demolitions :	
Premises	<u>3</u>
Total :	<u>5</u>

